



USAID Projects Profiles:

Children Affected by HIV/AIDS



U.S. Agency for
International
Development

October 2001

This document was produced for the
U.S. Agency for International Development

By:

The Synergy Project
TvT Associates, Inc.
1101 Vermont Avenue NW
Suite 900
Washington, DC 20005
www.synergyaids.com

10/01

Cover photo: © World Bank Photo Library

TABLE OF CONTENTS

INTRODUCTION	1
AFRICA	7
Burkina Faso	8
Côte d'Ivoire	10
Ethiopia	12
Kenya	14
Malawi	21
Mozambique	24
Namibia	25
Nigeria	29
Rwanda	33
South Africa	34
Tanzania	40
Uganda	41
Zambia	48
Zimbabwe	54
ASIA/NEAR EAST	57
Cambodia	58
India	65
Indonesia	75
EUROPE AND EURASIA	77
Romania	78
Russia	81
LATIN AMERICA AND THE CARIBBEAN	83
Brazil	84
Dominican Republic	86
Haiti	87
GLOBAL & REGIONAL PROJECTS	89
USAID EDUCATION ACTIVITIES FOR ORPHANS AND OTHER VULNERABLE AND UNDERSERVED CHILDREN	102
ACRONYMS	105

Introduction

IMPACT OF HIV/AIDS ON CHILDREN AND ADOLESCENTS

One of the most tragic consequences of HIV/AIDS is its devastating impact on the emotional and physical health and well-being of children.

Affected are both those who are HIV infected and the millions of children throughout the developing world whose lives are radically altered when their parents become ill and die. AIDS has orphaned approximately 13.2 million children under age 15 (i.e., they have lost their mother or both parents) since the epidemic began. According to *USAID's Children on the Brink 2000* report, more than 44 million children in 34 developing countries will have lost one or both parents by 2010. Most of these deaths will result from AIDS.

The impact on so many orphans and other vulnerable children is substantial—for the children themselves, the families that step in to care for them, and the communities in which they live. Not only do children lose the security and safety of their immediate families, they frequently end up taking on adult responsibilities at very early ages. They provide care for ill or dying parents, take over farm and household work, care for younger siblings, and earn money for basic necessities. They are often forced to give up school, have less access to health care, and become vulnerable to malnutrition as family resources dwindle. Substantial gains in improving child survival and health are quickly unraveling in countries hardest hit by HIV/AIDS.

During the past 12 years, USAID has emerged as a global leader in addressing some of the enormous challenges posed by the pandemic. Highlighted in this report are 62 USAID-funded initiatives implemented in 22 developing countries or on a region-

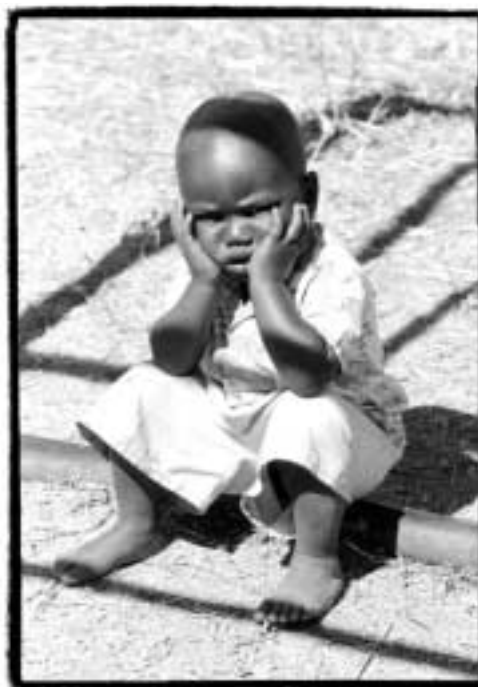


Photo: Rich Marchewka © 2000

al/global basis to support vulnerable children and adolescents. Drawing on the Agency's historical involvement with displaced children and orphans, USAID-supported activities have helped establish and refine standards to address the needs of children and adolescents affected and infected by HIV/AIDS.

USAID'S FIVE INTERVENTION STRATEGIES

Most of the activities supported by USAID for children and adolescents affected by HIV/AIDS incorporate USAID's five core strategies. These strategies are described below.

1. Strengthen and support the capacity of families to care and cope

A majority of USAID-supported projects aim to increase family and community capacity to provide care and support to children affected by AIDS. Activities undertaken to strengthen and support

the capacities of families include training on caregiving practices, providing school fees, promoting the use of simple time and labor-saving technologies, and training and support in income-generation or microfinance. For example, the K-Rep project in Kenya provides vulnerable households with business training, access to low-interest credit, and group savings schemes. USAID-supported interventions that target families often include economic strengthening, material and psychosocial support, as well as measures to help those living with HIV/AIDS, such as home-based care.

Supportive home-based care involves training, but it can also include treatment of AIDS-related conditions, as well as food. In several USAID projects, family care programs assist sick parents with writing wills, making arrangements, and planning for the future of their children.

2. Mobilize and strengthen community-based responses

For children whose families cannot adequately provide for their basic needs, the community is the next safety net. Supporting community-led initiatives to care for children and adolescents affected by HIV/AIDS is a priority for USAID. Some USAID-funded activities provide direct support to community efforts. Others focus on building the capacity of local nongovernmental and community-based organizations so that they can, in turn, support a greater number of community efforts. Effective community interventions include community care coalitions, orphan monitoring committees, community schools, labor pooling, psychosocial support, community day-care centers, volunteer visiting programs for HIV-affected households, and community-wide economic-strengthening activities, including credit and savings programs targeted at households affected by HIV/AIDS. In Malawi, for example, district AIDS committees have learned mobilization skills and have set up AIDS committees, which, in turn, have organized and supported 208 village committees to raise funds and channel resources to affected children and adults. The vil-

lage committees have aided more than 12,583 orphans and other vulnerable children.

3. Fortify the capacity of children and adolescents to meet their basic needs

A hallmark of many USAID-funded projects is the understanding that children and adolescents affected by HIV/AIDS are not merely recipients of assistance, they are participants in the solution to mitigating the pandemic's impact. Several projects involve young people in activities such as making home visits to orphans or other vulnerable children, helping households affected by HIV/AIDS with basic tasks, and using drama and other public forums to engender a compassionate and informed response to the effects of HIV/AIDS. Efforts to strengthen the capacity of children and adolescents include ensuring protection from exploitation and abuse; enabling children to stay in school or take advantage of other school opportunities, training in vocational skills, helping orphaned siblings remain together, providing at least one meal a day and nutrition monitoring, offering life skills education, establishing youth clubs, developing youth-friendly and accessible health services, and conducting health and educational outreach to child-headed households and street children.

4. Build on the ability of government to protect the most vulnerable children and provide essential services

USAID-supported projects are working with government ministries and other organizations to institute legal reform, ensure access to essential quality social services for children, and create special protection and care measures for children outside the family and community. USAID-supported policy initiatives are engaging ministries of education across Africa in strengthening HIV/AIDS mitigation and prevention activities within the education sector. Efforts range from developing life-skills curricula for children affected by HIV/AIDS to establishing community schools to reach children not enrolled in government-sponsored schools.

WHAT ABOUT ORPHANAGES ?

Many have suggested that building more orphanages or other group residential facilities is an effective way to care for the increasing numbers of orphans in AIDS-affected countries. USAID does not recommend employing this as a frontline response to the AIDS crisis. Care provided in institutional settings often fails to meet the developmental and long-term needs of children, and orphanages are much more expensive to maintain than providing direct assistance to families and communities to care for orphaned children themselves.

The experience of major international child welfare organizations has shown that children benefit greatly from the care, personal attention, and social connections that families and communities can provide. Particularly in the developing world, where the extended family and community are the primary social safety nets, the absence of such connections greatly increases long-term vulnerability. Children raised in orphanages often have difficulty re-entering society once they reach adulthood; many are ill-equipped to fend for themselves in the outside world. In Ethiopia and Uganda, long-term experience with orphanages has led those governments to shift their approach and have instead adopted policies that now support family-based care.

Costs associated with providing basic care to orphans skyrocket when salaries must be paid, buildings must be maintained, food must be prepared, and services must be provided. Cost comparisons conducted in Uganda show the ratio of operating costs for an orphanage to be 14 times higher than those for community care. A 1992 study by the World Bank found that institutional care at one facility in Tanzania cost \$1,000 per year per child, a figure six times more expensive than the average cost of foster care in that country. Other studies have found a ratio of 1:20, or even up to 1:100. In communities under severe economic stress, increasing the number of spaces in orphanages often results in families deciding that their children can be better served by orphanages than at home.

In developing nations, the extended family and community at large traditionally provide care for orphaned children. To reinforce this tradition, an alternative model for institutions has involved transformation of children's homes into community-based resource centers that help families support children in the community. Such centers provide daycare for foster parents or parents in need of relief, support groups, counseling, training in parenting skills, and skills training programs for older children. Where circumstances prevent a family from providing immediate care, institutionalized care is best used as a temporary measure until more appropriate placement can be arranged.

5. Create a supportive environment for affected children and families

In an effort to improve the lives of children and adolescents affected by AIDS, a range of activities is being conducted by USAID-supported projects. These activities include providing information and education on HIV/AIDS, challenging myths, advocating for basic legal protection, and transforming

the public perception of HIV/AIDS by engaging government and religious leaders and the media to reach the wider community. For example, a project in Cambodia has developed a model for cooperation among the military, monks, and people living with AIDS to care and support children affected by HIV/AIDS and their families.

APPLYING THE INTERVENTION STRATEGIES

Mitigating the impact of HIV/AIDS will require more than the direct application of USAID's intervention strategies. No single government, international organization, or donor can unilaterally make a sufficient difference. Collaborative and coordinated action is key to mobilizing effective responses. By documenting and tracking efforts to apply USAID's intervention strategies, USAID aims to foster the further adoption of those activities that work well, facilitate partnerships, and increase the leveraging of resources. A primary objective of this report is to facilitate and encourage coordination and collaboration among USAID-supported projects. The collaboration will be reinforced among USAID projects and also with external partners who focus on orphans and other vulnerable children in overlapping AIDS-affected areas.

Contained in this report are summaries of 53 country-specific projects and nine global and regional initiatives that include activities to benefit children and adolescents affected by HIV/AIDS. Each summary presents information on USAID funding and timeframes, project objectives, strategies, key accomplishments, activities for the year ahead, and materials and tools available to assist other projects in meeting the needs of children and adolescents affected by HIV/AIDS. The report also includes a section on USAID projects that assist ministries of education in Africa; these projects illustrate efforts to provide education for all children, especially those in AIDS-affected areas.

Activities summarized in this report are supported through several USAID funding sources, including the fund for the Child Survival and Disease programs, Title II Food for Peace funds, basic education funds, the Displaced Orphans and Children's Fund, the FREEDOM Support Act, and Assistance to Eastern Europe and the Baltic States. To further extend the reach and effectiveness of USAID support, many activities outlined in this report receive additional funding or matching assistance from

other donors. In addition, many other USAID-supported development activities, not specific to orphans and other vulnerable children, also benefit these children, especially those that are implemented in areas that are severely affected by HIV/AIDS.

More than 60 percent of the 62 initiatives presented in this document are multifaceted and include a combination of the following types of activities:

- Support to community-based organizations;
- Psychosocial support to HIV/AIDS-affected children and families;
- Education assistance (payment of school fees, establishment of community schools, and distance education programs);
- Food security or nutritional supplementation for people affected by HIV;
- Household or community economic strengthening (income-generating activities, vocational training, and microfinance); and
- Health care access or provision, and HIV/AIDS prevention.

Nearly 40 percent of the projects recently added advocacy efforts to their activities to decrease stigma and discrimination experienced by individuals who are infected and affected by HIV. In Indonesia, for example, a project for urban street children works to support the development of experience-based advocacy by facilitating communication among nongovernmental organizations, child protection agencies, and government.

Other emerging project efforts include legal assistance and reforms, policy-level interventions, family reunification of institutionalized orphans, and youth involvement in supporting HIV-affected children and households. For instance, the Child Welfare Project in Romania helps government and county organizations reduce the number of children in institutions by providing crisis intervention and community services for at-risk families and chil-

PRINCIPLES TO GUIDE PROGRAMMING

The need for guiding principles to protect and fulfill the rights of children and adolescents affected by HIV/AIDS was highlighted at the XIII International AIDS Conference in South Africa in July 2000. Since that time, formal and informal consultations among and between governments, non-governmental organizations, international agencies, the private sector, community organizations, and young people have been held to develop consensus on principles to guide programs for children and adolescents affected by HIV/AIDS. These principles now serve as a common point of reference at all levels (local, district, national, and global) to encourage actions that are child-centered, family and community focused, and human-rights based.

- Strengthen the caring capacities of families through community-based mechanisms;
- Strengthen the economic coping capacities of families and communities;
- Enhance the capacity of families and communities to respond to the psychosocial needs of orphans and vulnerable children and their caregivers;
- Foster linkages between HIV/AIDS prevention activities, home-based care, and efforts to support orphans and other vulnerable children;
- Target the most vulnerable children and communities, not AIDS orphans;
- Give particular attention to how gender roles make a difference;
- Involve children and adolescents as part of the solution;
- Strengthen the role of schools and education systems;
- Reduce stigma and discrimination;
- Accelerate learning and information exchange;
- Strengthen partnerships at all levels and build coalitions among key stakeholders; and
- To encourage actions that are child-centered and family and community focused.

dren, pregnancy counseling, domestic adoption and foster care services, and services to HIV-positive children and their families.

NEXT STEPS

The urgency of the situation and the needs of children and adolescents affected by HIV/AIDS requires comprehensive measures that incorporate practices from other sectors. For many organizations this means working outside their normal purview of health care provision, education, or HIV prevention, and linking with other sector areas to develop effective and far-reaching interventions. This is a daunting task, and many organizations

need training and resources to take on the challenge. The following are critical issues that USAID will continue to address in its efforts to expand support to children affected by HIV/AIDS.

MEASURING PROGRESS

Many of the projects described in this report are in the start-up and early implementation phases. Their aim is to significantly improve the lives of the greatest number of vulnerable children and adolescents as possible. To advance this goal, USAID provides technical guidance on monitoring and evaluation of activities that benefit children and adolescents affected by HIV/AIDS. This includes a guid-

ance document on specific indicators for tracking progress in benefiting orphans and other vulnerable children will be available from USAID (see www.usaid.gov).

TAPPING COMMUNITY POTENTIAL

Supporting community mobilization is the most viable, sustainable, and cost-effective strategy for assisting HIV/AIDS-affected children and strengthening the families and communities that care for them. Supporting communities to mobilize, however, requires time and concentrated effort to identify, organize, and maximize a community's fullest contribution to caring and supporting its children and adolescents. USAID will soon release the *Handbook for Programs to Mobilize Community Care for Children Affected by HIV/AIDS*, which will present community mobilization processes in detail. In addition, several USAID-funded projects have produced materials on community mobilization and support for community initiatives, which are noted in this report.

GOING TO SCALE

Reaching the vast numbers of children made vulnerable due to AIDS will require action from communities at all levels: global, regional, national, and local. USAID is working in partnership with other donors, national governments, private voluntary organizations, nongovernmental organizations, faith-based organizations, and other stakeholders to unify and expand the response for children and adolescents affected by HIV/AIDS. To bolster effi-

cient and effective efforts, research and technical support activities are underway to identify and share successful program models. Finally, USAID recognizes that going to scale is a collaborative effort that requires information exchange and networking to convey lessons learned, provide guidance, and build consensus for moving forward. USAID will continue to provide timely information on funded activities, such as this report, and to support town hall meetings, interagency working groups, the Children Affected by AIDS Listserv, and regional consultations and training.

USAID is working with other international organizations to reach the 2007 goal of providing community care and support to 25 percent of children affected by AIDS in high-prevalence countries, a goal that will require a massive, coordinated effort and significant financial resources. To advance the 2007 goal, current levels of support for children and adolescents affected by HIV/AIDS will be assessed, which will enable USAID and supported projects to set benchmarks toward progress, identify gaps in overall efforts, and target technical and financial assistance to address the gaps.

Through these and other efforts, USAID and its supported projects strive to mitigate the impact of HIV/AIDS on children, their families, and the communities in which they live, and, in the process, advance the rights of these children so they are better able to live their lives to the fullest potential.

Africa



Photo: Rich Marchewka © 2000

Burkina Faso

COUNTRY:
Burkina Faso

USAID FUNDING PERIOD:
September 1999-December 2002

PROJECT:
Nongovernmental Organization Capacity
Building for Orphans and Vulnerable
Children

USAID AMOUNT:
\$625,000

IMPLEMENTING ORGANIZATION:
Initiative privée et communautaire de
lutte contre le Sida (IPC); International
HIV/AIDS Alliance

PURPOSE

The International HIV/AIDS Alliance works with IPC to serve as a national linking organization that mobilizes and strengthens the capacity of local nongovernmental organizations, community-based organizations, and community members to:

- Identify and meet the needs of orphans and vulnerable children;
- Address and mitigate stigma associated with HIV/AIDS; and
- Integrate services for orphans and vulnerable children into existing care and support activities.

Nongovernmental organizations and community-based organizations receive training in data collection, project planning, implementation of prevention and care activities, and community mobilization techniques.

Alliance and IPC anticipate that technical assistance and funding to support 51 nongovernmental organizations working in highly affected communities will result in:

- Reaching 3,000 orphans and vulnerable children;
- Enhanced capacity to meet the needs of orphans and vulnerable children;
- Improved services and expanded community support for orphans and vulnerable children; and
- Reduced stigma and increased integration of orphans and vulnerable children into communities.

KEY ACCOMPLISHMENTS

As of June 2001:

- 12 community groups were trained to integrate orphans and vulnerable children-related issues into participatory HIV/AIDS prevention and outreach communication programs;
- Modules and tools for training of community groups in community mobilization for orphans and vulnerable children were developed;
- 5 community-based organizations were mobilized and trained to facilitate a community response for care and support for orphans and vulnerable children;
- A participatory situation analysis was conducted (including enumeration and prioritization) to assess the situation of orphans and vulnerable children in five communities;
- A strategy for community response to orphans and vulnerable children was established in five communities (including local orphans and vulnerable children committees, a pool of community volunteers, a local orphans and vulnerable children solidarity fund); and
- A partnership with local organizations (COSMAD/AQUADEV, and STEP/ILO) specializing in community-based poverty alleviation strategies (i.e., micro-finance and health micro-insurance) and community-based care and support for orphans and vulnerable children was established.

PRIORITY ACTIVITIES, 2001-2002

- Train community volunteers to support orphans and vulnerable children (including training of community-based organizations on support and management of community volunteers);
- Develop a training module and tools for psychosocial support of orphans and vulnerable children at the community level;
- Provide financial and technical support to ongoing community-based programs that respond to the care and support needs of orphans and vulnerable children in five pilot communities;
- Implement a strategy to integrate community-based poverty alleviation strategies and community-based care and support to orphans and vulnerable children in five communities;
- Implement pilot projects to address community mobilization strategies, income-generating activities, and youth-to-youth projects;
- Organize a workshop to share lessons learned and advocacy strategies among key stakeholders;
- Scale up ongoing programs; and
- Advocate for the importance of supporting community responses to children affected by HIV/AIDS.

PROJECT MATERIALS AND TOOLS

- Tools on reducing stigma and increasing community support;
- Tools on HIV prevention and tolerance work with children;
- Training modules on participatory evaluation techniques;

- Community mobilization guide/toolkit;
- Orphans and vulnerable children training modules; and
- Pathways to Partnerships toolkit.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Access to resource people trained in community mobilization and orphans and vulnerable children issues; and
- Nongovernmental organizational training in community mobilization.

CONTACT INFORMATION

IPC: Paul-André Somé (ipsida@cenatrin.bf)
Tel: 226-38-03-60

International HIV/AIDS Alliance:
Kate Harrison (kharrison@aidsalliance.org);
Beth Mbaka (bmbaka@aidsalliance.org)
Tel: 44-1273-71-8930,
Henk van Renterghem (hvanrenterghem@cenatrin.bf)
Tel: 226-38-03-60,

USAID/Washington:
Clif Cortez (ccortez@usaid.gov), Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/REDSO/West:
Jim Allman, Senior Program Manager
(jallman@usaid.gov), Willibord "Willy" Shasha,
HIV/AIDS Coordinator (wshasha@usaid.gov)

International HIV/AIDS Alliance website:
www.aidsalliance.org

Côte d'Ivoire

COUNTRY:
Côte d'Ivoire

USAID FUNDING PERIOD:
October 1999-December 2001

PROJECT:
STI/HIV Prevention for Street and
Incarcerated Youth

USAID AMOUNT:
\$103,827

IMPLEMENTING ORGANIZATIONS:
Médecins du Monde/ Family Health
International/IMPACT

PURPOSE

This is an information, education, and communication project focused on prevention of HIV and sexually transmitted infections for street and incarcerated youth. Channels for reaching youth include formal and informal educational opportunities and youth centers. The project aims to:

- Improve availability of information on HIV/AIDS and sexually transmitted infections for street and incarcerated youth, aged 10 to 18;
- Develop strategies with the target group for preventing HIV and sexually transmitted infections;
- Establish youth centers;
- Train or retrain educators and peer educators in HIV/AIDS and sexually transmitted infections; and
- Provide formal and informal educational opportunities for youth.

KEY ACCOMPLISHMENTS

- The project was elected in March 2001 to be featured in a documentary on street youth organizations in Abidjan;
- 30 trainers received HIV/AIDS information and education;
- 125 peer educators were trained to work in 25 youth clubs;
- Vocational training was provided for four young men (three from a club and one out of prison);

- Literacy courses were conducted for 100 youths;
- An education campaign was organized that reached 6,000 youth; and
- Several old buildings were remodeled and refurbished to create youth centers.

PRIORITY ACTIVITIES, 2001

- At least 1,000 at-risk youth will receive education by December 2001;
- By December 2001, 120 educators will have been trained;
- Youth-appropriate educational materials will be developed on HIV/AIDS and sexually transmitted infections; and
- A mid-term and end-of-project evaluation and focus groups will be conducted.

PROJECT MATERIALS AND TOOLS

These are available only in French:

- A médecins du monde knowledge, attitudes, and practices survey with youth population;
- Manuel de formation en counseling VIH/SIDA/IST en Côte d'Ivoire;
- Guide du formateur en counselling VIH/SIDA/IST;
- Analyse situationnelle des soins et prise en charge du VIH/SIDA et des infections sexuellement transmissibles (Avril 2001) par pays au Burkina Faso, au Cameroun, en Côte d'Ivoire et au Togo;

- Enquête de Surveillance de Comportements Relatifs aux MST/SIDA en Côte-D'Ivoire (BSS 1998);
- Enquête de Surveillance de Comportements Relatifs aux MST/SIDA en Côte-d'Ivoire (BSS1998); and
- Sidapoly game.

TECHNICAL ASSISTANCE

This project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Assistance in the technical quality of instruments, materials, evaluations, and technical reports;
- A referral system for nongovernmental organizations working to support orphans and vulnerable children;
- Training to nongovernmental organizations in activities planning; and

- Assistance in developing skills in monitoring and evaluation.

CONTACT INFORMATION

Médecins du Monde/Côte d'Ivoire:
Konan Kouassi (mdm@africaonline.co.ci)

FHI/IMPACT/Côte d'Ivoire:
Dr. Christine Sow (cksow@fhi.ci)

FHI/IMPACT/Virginia:
Sara Bowsky (sbowsky@fhi.org) Tel: 703-516-9779

USAID/Washington:
Alan Getson (agetson@usaid.gov)

USAID/Côte d'Ivoire:
Dr. Jim Allman (jallman@usaid.gov)

Ethiopia

COUNTRY:
Ethiopia

USAID FUNDING PERIOD:
July 1995-March 2002

PROJECT:
Nongovernmental Organization Sector
Enhancement Initiative

USAID AMOUNT:
\$1,345,000

IMPLEMENTING ORGANIZATION:
Private Agencies Collaborating Together

PURPOSE

Private Agencies Collaborating Together (PACT) maximizes the impact of Ethiopian nongovernmental organizations working with orphans and vulnerable children. The capacity of nongovernmental organizations is enhanced directly through a comprehensive series of training and technical assistance projects, small grants, and support to networking groups that facilitate coordination among larger nongovernmental organizations that assist orphans and vulnerable children. The project objectives are as follows:

- Strengthen the capacity of 25 nongovernmental organizations operating at the national and local levels to design, implement, and evaluate programs addressing the needs of street children and orphans;
- Increase the number of street children and orphans either enrolled in formal schools or participating in nonformal education programs;
- Increase the economic status of at-risk families through support for income generation programs;
- Deinstitutionalize children in orphanages through support to family reunification programs; and
- Enhance the ability of street children and orphans to become economically productive and eventually self-supporting.

The distinct elements defining the work of PACT with nongovernmental organizations include:

- Participatory organizational capacity assessments;

- Basic training and mentoring focused on organizational structures, systems, and processes for growth and service delivery;
- Advanced training and mentoring; and
- Networking of groups that take a proactive approach in representing and supporting their members' policy influence via information exchanges, access to resource materials, and exchange visits.

KEY ACCOMPLISHMENTS

- A network for orphans was established, which represents the government and 19 nongovernmental organizations;
- The Berhan Integrated Community Development Organization increased its beneficiaries from 402 to 1,812;
- The Rift Valley Children and Women Development Association grew from 820 to 10,496;
- The Integrated Family Service Organization grew from 13 to 2,891;
- Annual budgets of PACT-assisted nongovernmental organizations increased by 121 percent; and
- Training of police officers in Addis Ababa resulted in reduction of number of youth spending time in city jails.

PRIORITY ACTIVITIES, 2001–2002

- Increase the number of children gaining access to education;

- Conduct a national survey on orphans and vulnerable children;
- Increase child and family reunifications; and
- Increase care for AIDS orphans.

CONTACT INFORMATION

PACT/Ethiopia:

Tsegaye Chernet and Leslie Mitchell
(pact.eth@telecom.net.et),

Tel: 251-623794/5 or 251-1-615963,

Fax: 251-1-623-789

PACT/Washington:

Sarina Prabasi (sprabasi@pacthq.org),

Tel: 202-466-5666.

USAID/Washington:

Lloyd Feinberg (lfeinberg@usaid.gov),

Eunyong Chung, (echung@usaid.gov)

USAID/Ethiopia:

Vati Amirthanayagam (vamirthanayagam@usaid.gov)

PACT website:

www.pactpub.com

Kenya

COUNTRY:
Kenya

USAID FUNDING PERIOD:
August 2000-March 2003

PROJECT:
Speak for the Child

USAID AMOUNT:
\$530,340

IMPLEMENTING ORGANIZATIONS:
Academy for Educational Development/
Ready to Learn Center and Pathfinder
International

PURPOSE

Ready to Learn works with nongovernmental organizations and community-based organizations to improve the care of orphans and other vulnerable children under the age of 5. The project has four stages:

- A child development team is working to develop a model and to sponsor exchange visits and training events for caregivers.
- In South Kabras, Ready to Learn is sponsoring a child-oriented needs appraisal in order to form a model program of care for vulnerable young children.
- The project is identifying at least four model sites for expanded community-based programs, emphasizing local capacity building and technical assistance.
- Information on effective models, tools, and strategies to address the physical and psychosocial situation of young children will be disseminated through videos, policy briefs, manuals, and reports.

KEY ACCOMPLISHMENTS

- A survey tool for rapid and transparent identification of most vulnerable households with children under 5 was tested and data were collected for 837 households.
- A home-visiting program was implemented in the first community.
- Child-oriented needs assessment and program development tools are in the process of being field

tested in 25 households for 1) caregiver and child relationships, 2) health and nutrition, 3) physical development, 4) cognitive development, and 5) language development.

- Links to local community-based organizations were developed for joint proposal writing to access funding for longer-term sustainability.

PRIORITY ACTIVITIES, 2001–2002

- A home visiting program and child assessment tools will be field tested;
- A training protocol for a home visit program for community volunteers is in development;
- Recruitment, training, and monitoring of home visit volunteers will continue;
- Targeting, assessment, and volunteer training tools will be revised and published; and
- Model program activities in two to three more communities will be initiated.

PROJECT MATERIALS AND TOOLS

These will be available January 2002:

- A simple, user-friendly survey tool for rapid identification of vulnerable households;
- Simple, user-friendly tool for assessment of orphan care in households; and
- Volunteer training protocol for young orphan home-visiting programs.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

Community mobilization;

Home-based care; and

Orphan assessment and programming.

CONTACT INFORMATION

AED/Ready to Learn, Washington:

Diane Lusk, Tel: 804-245-6463

(dlusk@aed.org/luskyab@cstone.net)

Chloe O'Gara,

Tel: 202-884-8249 (cogara@aed.org)

Sarah Dastur,

Tel: 202-884-8261 (sdastur@aed.org)

AED/Kakamega, Kenya at "Speak for the Child":

Jael Mararu, Joy Okinda, Mable Umali,

Tel: 254-331-20079 (kkgaed@yahoo.ca)

USAID/Washington:

Rachael Herr (rherr@usaid.gov)

USAID/Kenya:

Emma Njuguna, Project Officer, (enjuguna@usaid.gov),

Victor Masbayi (vmasbayi@usaid.gov)

Cheryl Sonnichsen, Senior Health and HIV/AIDS

Advisor, Office of Population and Health, (csennich-

sen@usaid.gov), Dana Vogel (dvoegel@usaid.gov)

COUNTRY:

Kenya

USAID FUNDING PERIOD:

June 1999-May 2002

PROJECT:

Community-Based Program on HIV/AIDS Care, Support, and Prevention (COPHIA)

USAID AMOUNT:

\$1,989,553

IMPLEMENTING ORGANIZATIONS:

Pathfinder International, Population Services International, Family Planning Private Sector, Kenya Rural Enterprise Program, Medical Assistance Program International, Kenya Association of Professional Counselors

PURPOSE

The Community-Based Program on HIV/AIDS Care, Support, and Prevention (COPHIA) was launched in 1999 to increase the ability of communities to identify their needs and develop and implement activities focused on HIV/AIDS-related prevention, care, and support. The project focuses on home-based care and support for persons living with HIV/AIDS and their families. To normalize home-based care, COPHIA aims to build the capacity of communities, local implementing partners, volunteers, people living with HIV/AIDS, caregivers, and orphans to enable them to develop appropriate coping mechanisms. The project has 24 sites in five districts: Busia, Kakamega, Mombasa Nairobi, and Thika. Anticipated outcomes include:

- Local implementing partners will be established and well-managed;

- Local authorities and leaders in the project's targeted districts will be trained to be sensitive to HIV/AIDS issues;
- Community structures (e.g., HIV/AIDS committees and family support teams) will be established; and
- A sustainable home-based care and support model unique to rural and peri-urban Kenya is to be established.

KEY ACCOMPLISHMENTS

As of June 2001:

- COPHIA has undertaken intensive community mobilization, including working with leaders to support the project. Approximately 650 leaders have attended one-day meetings held at the provincial, district divisional, and location levels, and 340 community meetings have been held with more than 48,500 people in attendance.

- The home-based care project has 1) trained 56 trainers, 291 community health workers, and 4,588 caregivers in home-based care; 2) provided care to 2,912 clients (881 of whom have died); and 3) visited 7,700 homes.
- Support services have included 1) training for 146 service providers in counseling, 2) training 145 religious leaders to provide psychosocial counseling, 3) training 308 people in income-generation activities, and 4) formation of 35 widow support groups and 26 orphan support groups.
- Prevention activities have included 1) formation of 25 youth groups in five districts and 2) referrals of 2,100 individuals for voluntary counseling and testing.
- Capacity building of 18 local implementing partners included training and provision of equipment.

PRIORITY ACTIVITIES, 2001–2002

- Access to credit facilities for groups trained in income-generating activities will be expanded;
- 5 voluntary counseling and testing sites will be established;
- Project activities will be extended to five more sites;
- More service providers will be trained, including community health workers and caregivers; and

- Other health care services will be introduced within home-based care services.

PROJECT MATERIALS AND TOOLS

- Home-based care curriculum;
- Home-based care hand book;
- Indicators for home-based care; and
- Home-based care kits.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Home-based care and
- Community mobilization.

CONTACT INFORMATION

Pathfinder:

Charles Thube (cthube@pathfind.org)

Tel: 254-2-224154/222397/222490

USAID/Kenya,

Esther Ndiang'ui (endianguai@usaid.gov),

Victor Masbayi (vmasbayi@usaid.gov),

Cheryl Sonnichsen (csonnichsen@usaid.gov),

Dana Vogel (dvoel@usaid.gov)

Pathfinder website: www.pathfind.org

COUNTRY:

Kenya

USAID FUNDING PERIOD:

October 1999–September 2001

PROJECT:

Lea Toto Community-Based Program

USAID AMOUNT:

\$249,989

IMPLEMENTING ORGANIZATIONS:

Catholic Relief Services/Children of God Relief Institute in Collaboration with Nyumbani Orphanage and St Joseph's Dispensary

PURPOSE

The Lea Toto program aims to improve capacity of Kangemi community members to provide holistic care for HIV-positive orphans within a family setting. Support services are provided to the families caring for these children. By the end of the project,

- 200 families with HIV-positive orphans will have received physical care and medicines for suffering, as well as psychological and moral support.
- The community will have identified and established six sustainable community strategies to

enable the community to cope with the needs of orphans.

- The project will work to improve the capacity of the Lea Toto program to manage community-based support for orphans.

KEY ACCOMPLISHMENTS

- 3 caregiver support groups were established and are active;
- 1,100 children were tested for HIV;
- 156 children received home-based care;
- 172 caregivers received counseling;
- 172 caregivers were trained;
- 46 community health workers were trained;
- 52 families were given temporary food support;
- 50 percent of clients report good health each quarter;
- 13 caregivers were provided support for income-generating activities;
- 2 community banking groups were established;
- Ongoing networking and partnerships were created with key stakeholders;
- 2 Lea Toto staff members were trained in behavior change communication;
- 4 Lea Toto staff members were trained in counseling; and
- 4 Lea Toto staff members are currently being trained in community-based health care.

PRIORITY ACTIVITIES, 2001

- Home-based care and counseling will continue;
- Care will be linked with prevention activities;
- Care and microcredit will be integrated;
- Community mobilization and capacity building will continue; and
- Collaboration with government of Kenya health facilities will continue.

PROJECT MATERIALS AND TOOLS

- Evaluation draft report;
- Lessons learned; and
- National voluntary counseling and testing guidelines.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Home-based care of HIV-positive orphans, and
- Caregiver support group activities.

CONTACT INFORMATION

CRS/Baltimore:

Sr. Ann Duggan, (aduggan@catholicrelief.org),
Matt Hanley (mhanley@catholicrelief.org)
Tel: 301-625-4220

CRS/Kenya:

David Donovan, Assistant Country Representative
(d.donovan@crsnaïrobi.org);
Yvonne Ferguson, HIV/AIDS Manager
(y.ferguson@crsnaïrobi.org);
Wamuyu Manyara, AIDS Project Officer
(w.manyara@crsnaïrobi.org),
Tel: 254-2-750787/8

Children of God Relief Institute:

Fr. Angelo D'Agostino, Protus Lumiti, Nicholas Makau

Lea Toto:

Caroline Matsalia, Assistant Program Manager
(Lea_Toto@hotmail.com)

USAID/Kenya:

Victor Masbayi (vmasbayi@usaid.gov),
Cheryl Sonnichsen (csonnichsen@usaid.gov),
Dana Vogel (dvoegel@usaid.gov)

Catholic Relief Services website:
www.catholicrelief.org

COUNTRY:
Kenya

USAID FUNDING PERIOD:
August 2000-August 2002

PROJECT:
Linking Microfinance Institutions and
HIV/AIDS Activities

USAID AMOUNT:
\$300,000

IMPLEMENTING ORGANIZATIONS:
Kenya Rural Enterprise Program (K-Rep)/
Society for Women and AIDS in Kenya
(SWAK), Pathfinder/COPHIA, Family
Health International/IMPACT

PURPOSE

The Kenya Rural Enterprise Program will pilot test the Financial Services Association model to address the economic impact of HIV/AIDS on poor people in Nairobi and selected districts in western Kenya. The project will support development of new methodologies and mechanisms for financial interventions, particularly for individuals affected and infected by HIV/AIDS. The project aims to make a sustained financial difference in the lives of project participants by building family assets. Project objectives include:

- Promoting the Kenya Rural Enterprise Program's microfinance institution model in targeted areas with high HIV/AIDS prevalence;
- Establishing a line of credit for HIV/AIDS-infected and HIV-affected people;
- Training microfinance leaders, shareholders, and staff;
- Training borrowers in basic business skills and providing them with technical support; and
- Establishing an equity stake in the microfinance institutions.

Activities include business training, access to low-interest credit, and group savings schemes and are linked to psychosocial support to HIV-infected persons and their children. The Kenya Rural Enterprise Program links with Pathfinder and Family Health International/IMPACT projects in Kenya.

The Kenya Rural Enterprise Program works closely with the Society for Women and AIDS in Kenya to pilot this project in western Kenya and is responsible for:

- Providing technical skills in establishing village banks;
- Building capacity of communities to manage banks, including training in credit management;
- Implementing and managing village banks;
- Monitoring activities in the field;
- Evaluating the program from a finance perspective; and
- Facilitating linkages between communities and income-generation organizations and groups.

The Society for Women and AIDS in Kenya is responsible for:

- Identifying and mobilizing target communities to participate in the village banks;
- Sensitizing communities to include people with HIV and AIDS as well as older orphans who care for younger siblings;
- Drawing up criteria for special line of credit in the Financial Services Association procedures in consultation with Family Health International and the Kenya Rural Enterprise Program;
- Producing a work plan together with Family Health International and the Kenya Rural Enterprise Program;
- Participating in the activities in the work plan;
- Monitoring the performance of people with AIDS who participate in the program, and
- Developing a mechanism to address the legal issues surrounding orphans and vulnerable children.

The Society for Women and AIDS in Kenya will assess the situation of orphans and vulnerable children in priority community sites, undertake the development of a memory project that will help parents disclose their status to their children, promote voluntary counseling and testing, and advocate for the rights of the children against disinheritance.

To augment the piloting of the Financial Services Association model, a special line of credit will be available to persons infected and affected by HIV/AIDS. The shareholders will be trained on basic business management skills, marketing, costing, pricing, bookkeeping, cash control, and banking.

FHI/IMPACT/Kenya:

Simon Ochieng (sochieng@fhi.or.ke),
John McWilliam (jmcwilliam@fhi.or.ke)

K-Rep:

Aleke Dondo, Tel: 254-2-572,
Fax: 254-2-711-645

USAID/Washington:

Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/Kenya:

Victor Masbayi (vmasbayi@usaid.gov),
Cheryl Sonnichsen (csonnichsen@usaid.gov),
Dana Vogel (dvogel@usaid.gov)

CONTACT INFORMATION

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org), 703-516-9779

COUNTRY:
Kenya

USAID FUNDING PERIOD:
October 2000-September 2001

PROJECT:
Community-Based Orphans and
Vulnerable Children project

USAID AMOUNT:
\$200,000

IMPLEMENTING ORGANIZATIONS:
International Community for Relief of
Starvation and Suffering (ICROSS),
Family Health International/IMPACT

PURPOSE

The project builds upon existing ICROSS efforts focused on community mobilization and home-based care for orphans and other children made vulnerable by AIDS in western Kenya. A microfinance component, in collaboration with Society for Women and AIDS in Kenya, mobilizes local resources for the care of children affected by AIDS. Other project activities include establishing orphans and vulnerable children committees with multisectoral representation, increasing access to education and health care for orphans and vulnerable children, and securing community placement of street and institutionalized children. Specific project objectives include:

Building the capacity of the community health workers and trainers to:

- Assist children to care for ill parents;
- Promote safer care practices to reduce children's risk of infection; and
- Help HIV/AIDS parents disclosure their status to their children.

Build the capacity of local leaders to:

- Protect children against exploitation and abuse and to help enforce the rights of the children;
- Work closely with the district AIDS control committees, constituency AIDS control committees, community-based organizations, and local non-governmental organizations to establish an effective referral network of essential services for orphans and vulnerable children; and
- Sensitize the community on the needs of orphans and other vulnerable children.

Build the capacity of communities to:

- Respond to the needs of orphans and vulnerable children through local nongovernmental organizations and community-based organizations; and
- Reduce stigma and discrimination against orphans and vulnerable children.

KEY ACCOMPLISHMENTS

- 81 community health workers have been trained and are providing home-based care and support in three areas of Western Province—Bungoma, Nzoia, and Webuye.
- 25 supervisory trainers have been trained and are working.
- A full-time medical officer is monitoring and providing technical assistance to the community health workers.

PRIORITY ACTIVITIES, 2001

- A workshop will be conducted in Bungoma with selected community health care providers, community leaders, and social/child welfare agencies;
- An orphans and vulnerable children training curriculum for community health workers and local leaders will be designed, and three training workshops (one per site) will be conducted;
- A series of meetings will be hosted with key community leaders including the spiritual, social, political, and health leaders in the communities served by community health workers to support community mobilization and strengthen referral systems;

- Linkages among the district AIDS control committees, constituency AIDS control committees, community-based organizations, local nongovernmental organizations, and other social and child welfare are being strengthened.
- Community leaders' ability to address issues facing orphans and vulnerable children such as stigma, institutional care, legal status, schooling, and nutrition are being strengthened.

PROJECT MATERIALS AND TOOLS

- Progress and outcome indicators.

CONTACT INFORMATION

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org),

Tel: 703-516-9779

ICROSS:

Dr. Michael Elmore-Meegan (icross@form-net.com),

Tel: 254-2 560494

FHI/IMPACT/Kenya:

Simon Ochieng (sochieng@fhi.or.ke),

John McWilliam (jmcwilliam@fhi.or.ke)

USAID/Washington:

Alan Getson (agetson@usaid.gov),

Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/Kenya:

Victor Masbayi (vmasbayi@usaid.gov),

Cheryl Sonnichsen (csonnichsen@usaid.gov),

Dana Vogel (dvogel@usaid.gov)

Malawi

COUNTRY:
Malawi

USAID FUNDING PERIOD:
September 1997-December 2001

PROJECT:
Community-Based Options for Protection
and Empowerment II (COPE II)

USAID AMOUNT:
\$1,619,459

IMPLEMENTING ORGANIZATION:
Save the Children/US

PURPOSE

Community-based Options for Protection and Empowerment II (COPE II) works with local residents to form or reform and mobilize district, subdistrict, and village AIDS committees. Through these structures, the project facilitates sustainable community action to prevent and mitigate the impact of HIV/AIDS. Specific objectives for COPE II include:

- Strengthening community capacities to mitigate the impact of HIV/AIDS in 20 catchment areas of four districts in Malawi;
- Identifying, assisting, and protecting orphans and other vulnerable children;
- Increasing economic opportunities and resources available to especially vulnerable households;
- Strengthening the capacity of government and community organizations to lead and sustain effective responses to meet the needs of HIV/AIDS-affected children and families; and
- Advocating policy change at national, district, and local levels.

Low-cost, multisectoral efforts being undertaken by communities affected by HIV/AIDS include home-based care, fundraising to cover school fees and increase food security, psychosocial support, and community-wide education on HIV/AIDS prevention.

KEY ACCOMPLISHMENTS

- Seedlings and other planting materials were delivered to more than 100 village AIDS committees to establish nurseries;

- 208 village AIDS committees were mobilized by 16 community action committees, 131 of which are registering orphans and other vulnerable children;
- 12,583 orphans and other vulnerable children in four districts are receiving care and support via village AIDS committees;
- 1,450 children affected by AIDS received clothing, food donations, and assistance in 1999, with school fees paid through village AIDS committees;
- 29.8 hectares of communal vegetable gardens were established, benefiting more than 6,000 vulnerable households per year;
- 4,980 youth are participating in 249 youth clubs; and
- Nearly \$20,000 was raised by district AIDS coordinating committees and community action committees through local fundraising.

PRIORITY ACTIVITIES, 2001

- Increase psychosocial support to families and children affected by HIV/AIDS;
- Improve prevention activities, especially for the youth;
- Increase voluntary counseling and testing services, especially at the community level;
- Provide technical assistance other organizations to enable them to replicate/introduce COPE II in other districts to increase coverage of families and children affected by HIV/AIDS;

- Strengthen the capacity of COPE II staff to help expand and replicate the model both nationally and internationally;
- Increase documentation of the COPE II program and dissemination of lessons learned;
- Provide small grants for community-based income generating activities to benefit orphans and vulnerable children, youth, and caregivers of orphans; and
- Diversify funding sources for COPE II through advocacy and fundraising.

PROJECT MATERIALS AND TOOLS

- Home-based care training module;
- Handbook on community mobilization;
- COPE II model of care and support for children and families affected by AIDS; and
- Guidelines on establishing and maintaining orphan care committees.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Training and facilitation workshops;
- Community mobilization;

- Home-based care, linking care and prevention;
- Resource mobilization at the community level;
- Networking and collaborating with other private volunteer organizations, nongovernmental organizations, and community-based organizations; and
- Mentoring of other private volunteer organizations, nongovernmental organizations, and community-based organizations.

CONTACT INFORMATION

Save the Children/Washington:
 Namposya Serpell (nserpell@dc.savechildren.org)
 Tel: 202-530-4361 and
 Neil Boothby (nboothby@dc.savechildren.org)

Save the Children/Malawi:
 Justin Opoku, and
 Chifundo Kachiza (scus@malawi.net)
 Tel: 265-753-888/753 919/755 020

USAID/Washington:
 Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/Malawi:
 Alfred Chirwa (achirwa@usaid.gov),
 Mexon Nyirongo (mnyirongo@usaid.gov)

Save the Children website: www.savethechildren.org

COUNTRY:
Malawi

USAID FUNDING PERIOD:
February 2000–September 2004

PROJECT:
Safety Net

USAID AMOUNT:
\$775,000, plus Title II Commodities

IMPLEMENTING ORGANIZATION:
Catholic Relief Services with Catholic Development Commission in Malawi (CADECOM), Project Hope, and International Eye Foundation

PURPOSE

Safety Net provides food rations to households with persons living with HIV/AIDS and families caring for orphans and other vulnerable children. Current geographic coverage includes 40 villages in Phalombe and 40 villages in the Chikwawa district. Orphan Care Committees, Agriculture Development Facilitators (ADF) and Community Growth Monetization Volunteers help to identify and monitor the nutrition status of households. The presence and role of the field staff are critical to ensuring a smooth process of registering households eligible for food assistance. The overall goal is to improve the safety net for destitute children. The objectives are to:

- Increase adoption of childcare practices by orphan guardians/families;
- Increase community participation in providing for destitute children and vulnerable groups; and
- Increase self reliance of older orphans.

PROJECT MATERIALS AND TOOLS

- Indicators; and
- Selection criteria for beneficiaries.

TECHNICAL ASSISTANCE

The project can provide guidance for the following:

- Linking safety net beneficiaries to agriculture and micro-finance activities.

CONTACT INFORMATION:

CRS:

Laura McCarthy (crs@malawi.net)

Tel: 265-755534; Stiveria and Fidelis Magowa,
Safety Net Coordinators

USAID/Washington:

Angelique Crumbly (acrumbly@usaid.gov)

USAID/Malawi:

Alfred Chirwa (achirwa@usaid.gov),

Mexon Nyirongo (mnyirongo@usaid.gov)

Mozambique

COUNTRY:
Mozambique

USAID FUNDING PERIOD:
2001–2003

PROJECT:
Maputo AIDS Corridor Project
Khulkuvuka – Corridor of Hope

USAID AMOUNT:
\$500,000

IMPLEMENTING ORGANIZATION:
Foundation for Community Development

PURPOSE

The Foundation for Community Development, a Mozambican organization, will support a community-based HIV/AIDS prevention and care program in the Maputo Transport Corridor. The Corridor is the most economically active area in southern Mozambique and, as such, has the greatest susceptibility to HIV/AIDS. Activities to address the needs of orphans and other vulnerable children will be part of this initiative. Plans are underway to determine best approaches for meeting the needs of orphans and other vulnerable children with existing funds. Issues likely to be addressed include educational access and retention as well as coping strategies for income reduction or loss due to parental illness and death. In addition, strong emphasis will be placed on establishing community involvement and participation by strengthening community capacity to address the needs of orphans and other vulnerable children and mobilizing community leaders to initiate support programs for those infected and affected.

PRIORITY ACTIVITIES, 2001–2002

- Conduct research analysis/needs assessment to determine best approaches for meeting the needs of orphans and vulnerable children in the Corridor;
- Develop and implement education support strategy for orphans and vulnerable children;
- Develop community mobilization strategy, including mobilization of leaders and development of psychosocial response, for those affected and infected, including orphans and vulnerable children;
- Mobilize and strengthen community-led responses and programs; and
- Award small subgrants or purchase orders to community based organizations and begin technical assistance/training, if needed.

CONTACT INFORMATION:

USAID/Mozambique:
Donna Carpenter (dcarpenter@usaid.gov),
Abuchahama Saifodine (asaifodine@usaid.gov),
Howard Helman (hhelman@usaid.gov)

Namibia

COUNTRY:
Namibia

USAID FUNDING PERIOD:
May, 2001-September, 2002

PROJECT:
Schooled for Success: Promoting Full
School Participation by Orphans and
Other Vulnerable Children

USAID AMOUNT:
\$117,815

IMPLEMENTING ORGANIZATIONS:
Catholic AIDS Action and Family Health
International/IMPACT

PURPOSE

Family Health International/IMPACT has contracted with Catholic AIDS Action to expand upon their work with communities to keep orphaned and vulnerable children in school. Concurrently, Family Health International/IMPACT is providing support to the Directorate of Developmental Social Welfare Services to develop a national orphans and vulnerable children policy and guidelines for implementation.

Catholic AIDS Action has already identified more than 2,700 orphans and vulnerable children through its development of a national network of 600 home-based family care volunteers. Although most client-cases begin by caring for a sick adult, after that adult dies, the volunteer makes an effort to maintain contact with the children once orphaned.

The project goal is to promote full school participation for "identified" orphaned and vulnerable children, with a special emphasis on increasing educational opportunities for girls in three regions in Namibia where Catholic AIDS Action has ongoing home-based care programs.

Based on the success of the pilot program (which provided support for 100 orphans and vulnerable children), an expanded program—using trained volunteers and a school voucher system wherever possible—will be implemented over the next 18 months. Within this context, Catholic AIDS Action has pledged to try to obtain a fee discount (or waiver) from the school for each orphan and vulnerable child.

Catholic AIDS Action is using its existing home-based care program volunteers to identify and register "needy" orphans and vulnerable children, using a simple questionnaire and request for assistance form. Catholic AIDS Action will build on this infrastructure of volunteers to provide care and psychosocial support to more than 1,000 orphaned and vulnerable children in the three intervention regions. Specific activities include:

- Identifying and registering more than 1,000 needy children in the target areas;
- Assessing children's needs, past level of education, grade, and school to attend;
- Advocating for acceptance in selected schools;
- Providing a means to continue school attendance;
- Developing a system of periodic supervision for successful school attendance;
- Identifying and providing additional psychosocial needs of orphans and vulnerable children;
- Psychosocial training for volunteers; and
- Development of psychosocial training manual as part of the training curricula for home-based care volunteers.

As the project expands it is focusing on HIV/AIDS prevention and education for parents, teachers, and pupils in addition to providing support to participating schools. Contacts are being made with community and church-based volunteers (Anglican, Lutheran, other

interested church groups, and the Red Cross) to expand orphans and other vulnerable children support within their communities. The project is working closely with the Directorate of Developmental Social Welfare Services within the Ministry of Health and Social Services.

KEY ACCOMPLISHMENTS

- Registration of orphans and vulnerable children in the targeted regions is ongoing;
- Volunteer assessment of orphans and vulnerable children needs is being completed;
- An orphans and vulnerable children household data form has been drafted;
- 2 key staff members have been hired;
- Memory Box training is continuing;
- 20 staff members and volunteers participated in the first national conference on orphans and vulnerable children; and
- A one-day workshop was held on psychosocial training needs of Catholic AIDS Action staff.

PRIORITY ACTIVITIES, 2001–2002

- Involvement of the community and traditional leaders continues;
- A training-of-trainers session in psychosocial support will occur in Bulawayo, Zimbabwe (two trainers with Catholic AIDS Action and one with Phillippi Trust);
- A training-of-trainers workshop will be held in Namibia for Catholic AIDS Action and other non-governmental organization staff and volunteers (with technical assistance from Terres des Hommes staff in Zimbabwe and Switzerland);

- A psychosocial training curricula will be developed; and
- Selected volunteers will be trained as community paralegals.

PROJECT MATERIALS AND TOOLS

- Orphans and vulnerable children household data form; and
- Psychosocial training manual.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Home-based counseling and care;
- Organizational structure and training; and
- Care for caregivers.

CONTACT INFORMATION

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779

FHI/IMPACT/Namibia:

Rose De Buysscher (rose@fhi.org.na)

Tel: 264-61-239463

CAA/Namibia:

Lucy Steinitz (caa.co-ordinator@ncbc.com.na)

Tel: 264-61-259-847

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/Namibia:

C. Kirk Lazell, HPN (klazell@usaid.gov)

COUNTRY:
Namibia

Centre/Family Health
International/IMPACT

PROJECT:
Human Rights and Legal Support
for Orphans and Vulnerable Children,
People Living with HIV/AIDS, and
Workplace HIV Policies

USAID FUNDING PERIOD:
April 2001-September 2002

USAID AMOUNT:
\$116,567

IMPLEMENTING ORGANIZATIONS:
AIDS Law Unit-Legal Assistance

PURPOSE

This project focuses on the prevention and mitigation of HIV/AIDS in the workplace and the reduction of the vulnerability of children by addressing discrimination and promoting a human rights-based approach to HIV/AIDS. The primary objective of the project is to facilitate a legal and social environment that encourages openness about HIV infection and increases fair and equitable treatment of HIV-infected persons.

The AIDS Law Unit works closely with Catholic AIDS Action, and AIDS Care Trust, as well as with organizations of people living with HIV/AIDS and provide training on inheritance, will writing, basic rights, access to benefits, and entitlements. The AIDS Law Unit also has close working relationships with government ministries, trade unions, and employer organizations.

The project deals with issues of discrimination and other rights issues pertaining to HIV/AIDS on a number of levels including litigation, research, policy formulation, education, and advocacy with a view to placing HIV/AIDS on the agenda as a human rights issue and the provision of basic client services in terms of legal advice and assistance to people with HIV/AIDS.

Key results being pursued include:

- Implementing appropriate workplace policies on HIV/AIDS and ensuring access of people with HIV/AIDS to employment and employment benefits;
- Ensuring access of people, and particularly children with HIV/AIDS, to adequate health care in the public sector and nondiscrimination with respect to private medical aid schemes and insurance;

- Ensuring nondiscriminatory access of children orphaned by HIV/AIDS or living with HIV/AIDS to education;
- Ensuring access by people living with HIV/AIDS to information and advice on adequately providing for children after death;
- Ensuring nondiscriminatory access by children orphaned by HIV/AIDS to foster care, adoption, and places of safety, where appropriate; and
- Ensuring access by the caregivers of children orphaned by HIV/AIDS to advice and information on their rights and entitlements under social security and welfare legislation.

KEY ACCOMPLISHMENTS

- Assistance was given to two employers and one trade union in developing appropriate HIV/AIDS policies in the workplace;
- A preparatory meeting was hosted for Namibian AIDS service organizations, nongovernmental organizations, and other civil society representatives for the United National General Assembly Special Session on HIV;
- Fundraising technical assistance was given to a newly formed association of people living with HIV/AIDS;
- Presentations were made to top and middle management at Bank Windhoek, the Road Contractors Company, and the Bank of Namibia; and
- A series of workshops were held on will writing, inheritance, HIV/AIDS, law and human rights for traditional leaders, and health care workers.

PRIORITY ACTIVITIES, 2001–2002

- Review the Labor Act and Labor Court Rules, and the Consolidated Employee Compensation and Social Security Acts;
- Continue advocacy work with government and the private sector for the adoption of appropriate policies and legal mechanisms to address HIV/AIDS and discrimination; and
- Design and conduct education and training programs on HIV/AIDS and discrimination in order to raise awareness of a rights-based approach. Target audiences will include decision-makers, employer and employee organizations, health care and social workers, educators, and community-based organizations. The recently adopted HIV/AIDS Charter of Rights will be used as an educational tool to promote human rights-based approach to HIV/AIDS in Namibia.

PROJECT MATERIALS AND TOOLS

- Paralegal training manual on HIV/AIDS and rights; and
- Training pamphlets on HIV/AIDS, HIV/AIDS in the workplace; insurance and social benefits; inheritance and wills; and the rights of children orphaned by or living with HIV/AIDS.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Proposal writing;
- Organizational planning;
- Advocacy skills;
- Workplace policies; and
- HIV and discrimination (workplace and military).

CONTACT INFORMATION

LAC:

Michaela Figueira (mfigueira@lac.org.na)
Tel: 264-61-223356

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)
Tel: 703-516-9779

FHI/IMPACT/Namibia:

Rose De Buysscher (rose@fhi.org.na)
Tel: 264-61-239463

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/Namibia:

C. Kirk Lazell (klazell@usaid.gov)

Nigeria

COUNTRY:
Nigeria

USAID FUNDING PERIOD:
October 2000-February 2003

PROJECT:
Rivers State Enhanced Care of Orphans

USAID AMOUNT:
\$600,000

IMPLEMENTING ORGANIZATIONS:
Implementing organizations: Africare, Forward Africa, the Ogoni Youth Development Project Africare, and the Centre for Development and Population Activities (CEDPA)

PURPOSE

Africare, working in partnership with the Centre for Development and Population Activities, Forward Africa, and the Ogoni Youth Development Project, is implementing the Enhanced Orphan Care Project in five local government areas of Rivers State (Bonny, Eleme, Khana, Obio-Akpor, and Okirika). The project goal is to improve the quality of life for children under age 15 who have lost one or both parents to AIDS. To avoid stigmatizing these children, all children deprived of parents due to sickness or death are being targeted. The project purpose is to improve the quality of life of orphans in targeted communities through capacity building of community-based organizations and economic empowerment of primary caregivers of orphans due to AIDS.

The intended project results include increased awareness of the serious burden of orphan care at the local government, state, and federal levels; increased income of women caregivers; increased school enrollment for orphans; increased access to vocational training programs; and increased access to basic health care.

KEY ACCOMPLISHMENTS

- Formative research was conducted, including a baseline survey, Participatory Learning and Action (PLA) focus groups with care givers, and enumeration of orphans and their needs;

- Institutions and facilities (schools, health care centers, vocational training centers, etc.) have been identified and assessed;
- 500 households with orphans and vulnerable children received care; and
- 60 community-based organizations participated in training/capacity building workshops on HIV/AIDS, and income generation.

PRIORITY ACTIVITIES, 2001-2002

- Networking will continue with other nongovernmental organizations to promote HIV/AIDS awareness/prevention activities;
- Plans underway for 300 additional orphans to be enrolled in schools, health care programs, and vocational training;
- Economic empowerment will be introduced to 300 additional caregivers;
- Work continues towards improving community-based organizations; and
- Work continues towards improving advocacy among local, state, and federal governments.

PROJECT MATERIALS AND TOOLS

- Handbook on Income-generating Activities Training for Caregivers

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Networking;
- Community mobilization; and
- Income-generation activity training.

CONTACT INFORMATION

Africare:

Alan C. Alemian (aalemian@aficare.org) and
Dr. Chinwe A. Effiong (afrinig@infoweb.abs.net)
Tel: 234-1-262-0648

CEDPA/Washington:

Robert Kelly (rkelly@cedpa.org)

USAID/Washington:

Lisa Childs (lisachilds@usaid.gov)

USAID/Nigeria:

Dr. Temitayo Odusote (temitayoodusote@gdo@lagos)

CEDPA website: www.cedpa.org

COUNTRY:
Nigeria

USAID FUNDING PERIOD:
August 1999-December 2002

PROJECT:
Vulnerable Children's Project

USAID AMOUNT:
\$900,000

IMPLEMENTING ORGANIZATION:
Center for Development and Population
Activities/ENABLE, Catholic Women
Organization, Opiatoha Kanyin Idoma
Multi-Purpose Cooperative Society

PURPOSE

The project is being implemented in two areas of Benue State, Otukpo and Okpokwu, and mirrors the project by Africare and the Centre for Development and Population Activities (CEDPA) in Rivers State. The goal is to improve the quality of life for children under age 15 who have lost one or both parents to AIDS. To avoid stigmatizing the children, all children deprived of parents due to sickness or death will be eligible. The project offers direct assistance on an emergency basis, and capacity building of caregivers through income-generating activities and community mobilization. The project objectives are as follows:

- Provide opportunities for empowerment of orphans and vulnerable children;
- Identify existing community support structures and strengthen their ability to care for orphans and vulnerable children;
- Promote positive attitudes, beliefs, and practices of community members toward orphans and people living with HIV/AIDS;

- Develop the capacity of communities, especially women's groups and diverse local associations, to advocate for positive policy and social change for persons infected and affected by HIV/AIDS; and
- Use experience gained during project's first year to inform policy and service development at state and federal levels.

KEY ACCOMPLISHMENTS

- Program implementation committees were organized in 10 communities;
- 350 indigent orphans and vulnerable children under age 15 are receiving health care, education, and vocational training, and 49 older siblings and 84 caregivers are receiving vocational training. Of those targeted in the initial phase, 279 children have been placed in schools or vocational training programs;
- 250 households with orphans and vulnerable children are receiving care and support through income-generating activities, micro credit, and advocacy and social mobilization training;

- 34 community-based organizations received training, capacity building assistance, increased access to small loans, and assistance with income generating activities;
- 66 Christian and Muslim leaders attended meeting on HIV/AIDS;
- The Nigerian government donated the services of six social workers to conduct home visits in order to provide psychosocial support to orphans and vulnerable children;
- \$31,000 of international funding was leveraged in the past year; and
- Communities donated farmland, seedlings, pigs, time, and commitment to home care visits.

PRIORITY ACTIVITIES, 2001–2002

- The project plans to expand to four additional communities within Otukpo and Okpokwu areas and reach 200 indigent orphans;
- The project plans to expand to an additional area and reach 150 indigent orphans;
- Income-generating activities will be established in all project sites;
- Community-based organizations and caregivers will receive training in coalition building, advocacy, community mobilization, and networking;
- Partnerships will develop with schools, vocational centers, and health facilities that include packages of services for vulnerable children;
- Broader health and family planning initiatives will be developed, including HIV/AIDS prevention for youth; and
- Stakeholders at all levels will be trained in basic HIV/AIDS education and prevention skills, including home-based care and provision of psychosocial support for affected children.

PROJECT MATERIALS AND TOOLS

Indicators to measure interventions for:

- Orphans and vulnerable children;
- Caregivers;
- Community gatekeepers and traditional rulers, and stakeholders in community-based organizations, nongovernmental organizations and churches; and
- Local and state government.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Community mobilization;
- Mentoring;
- Training;
- Monitoring and evaluation;
- HIV/AIDS prevention;
- Linking civil participation and health; and
- Empowerment of girls and women.

CONTACT INFORMATION

CEDPA/Nigeria:

Margaret Agbeje and Chineze Okala

(cokala@usips.org)

Tel: 234-01-2600022

CEDPA/Washington:

Robert Kelly (rkelly@cedpa.org)

Tel: 202-667-1142

USAID/Washington:

Lisa Childs (lchilds@usaid.gov)

USAID/Nigeria:

Dr. Temitayo Odusote

(temitayoodusote@gdo@lagos)

COUNTRY:
Nigeria

USAID FUNDING PERIOD:
2001

PROJECT:
Orphan and Vulnerable Children
Assessments and Implementation

USAID AMOUNT:
\$500,000

IMPLEMENTING ORGANIZATION:
Family Health International/IMPACT

PURPOSE

Family Health International/IMPACT conducted an in-depth assessment in three local government areas of four states (Anambra, Kano, Lagos, and Taraba) that included a comprehensive care and support assessment that had an orphans and vulnerable children component. Findings from the in-depth assessment indicated a need for additional information regarding the status of orphans and vulnerable children. In view of this, a comprehensive assessment of the status of orphans and vulnerable children in the four states is being planned. The objectives of the orphans and vulnerable children assessment will be to:

- Determine the current burden of the orphans in four states;
- Identify orphans' medical, social welfare, and psychological needs;
- Identify the current capacity of families and communities to support orphans; and
- Identify and assess local nongovernmental organizations with capacity, experience, or potential to implement community-based orphan projects.

Findings from the assessments will inform planning and will be followed by implementation of activities for orphans and other vulnerable children.

KEY ACCOMPLISHMENTS

- The key accomplishment of the in-depth assessment was that its findings were used in the design

of 37 new subagreements and in amendments of 11 ongoing subagreements.

PROJECT MATERIALS AND TOOLS

- Desk assessment report;
- Rapid assessment tool;
- In-depth assessment tool;
- Rapid assessment report;
- In-depth assessment report; and
- Care and support assessment tool.

TECHNICAL ASSISTANCE

- The project can provide expertise for other orphans and vulnerable children projects in networking and training to link care and prevention, home-based care, counseling, and monitoring and evaluation.

CONTACT INFORMATION

FHI/IMPACT/Virginia:
Sara Bowsky (sbowsky@fhi.org)
Tel: 703-516-9779

FHI/IMPACT/Nigeria:
Rosemary Nnamdi-Okagbue
(rnokagbue@usips.org)

USAID/Washington:
Alan Getson (agetson@usaid.gov)

USAID/Nigeria:
Dr. Temitayo Odusote
(temitayoodusote@gdo@lagos)

Rwanda

COUNTRY:
Rwanda

USAID FUNDING PERIOD:
January 2001-July 2005

PROJECT:
Safety Net and Leadership Initiative for
Fighting Epidemics (LIFE) Food Programs

USAID AMOUNT:
\$1.3 million per year

IMPLEMENTING ORGANIZATIONS:
Catholic Relief Services, CARE
International, Caritas Rwanda, and
World Relief

PURPOSE

By 2005, the Safety Net and LIFE programs aim to ensure increased food security for 29,000 (per month) of Rwanda's most vulnerable people. Currently, per month, the Safety Net project reaches 7,000 institutionalized orphans, street children, infants in prison with their mothers, and handicapped and elderly persons.

The new LIFE component of the project aims to provide food to 22,000 AIDS-affected children (or 4,400 households) per month to supplement their nutritional requirements. Food provision under this intervention covers 50 percent of monthly household rations.

Beneficiaries include child-headed households, children aged 0–18 orphaned by AIDS, families with HIV-positive parents, families with HIV-positive children, and families with foster children who are AIDS orphans. Food assistance will be linked with HIV/AIDS education, home-based care, counseling, occasional assistance with school and health fees, vocational training, and income-generation activities provided by the sub-grantee agencies. The provision of food is expected to facilitate increased productivity and capacity to care for growing numbers of children affected by HIV/AIDS. Food assistance will be maintained until households can generate sufficient income to meet basic needs.

KEY ACCOMPLISHMENTS

As the CRS/Rwanda, Development Activities Program is still in its infancy, key accomplishments will be measured and disseminated after a full year of project implementation.

PRIORITY ACTIVITIES, 2001–2002

- The Safety Net project will work with government ministries to establish stronger criteria for institutional center participation in the program, and will study the viability of exit strategies in the immediate future; and
- The LIFE component will focus on evaluating the impact of food aid on HIV/AIDS programming.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Monitoring and evaluation;
- Community mobilization; and
- Home-based care.

CONTACT INFORMATION

CRS:

Maureen Capps (crs1@rwandatel1.rwanda1.com)
Stephen Morgan (crs-rwan@rwandatel1.rwanda1.com),
Tel: 00250-82109, or 82112 or 82114
Vicky Pennacchia (vjpenna@catholicrelief.org),
Tel: 410-625-2220

USAID/Washington:

Bridget Ralyea (bralyea@usaid.gov)

USAID/Rwanda:

Heather Goldman (hgoldman@usaid.gov)

Catholic Relief Services website:
www.catholicrelief.org

South Africa

COUNTRY:
South Africa

IMPLEMENTING ORGANIZATION:
World Vision South Africa

PROJECT:
uThukela District Child Survival
Project/Intersectoral HIV/AIDS/
Microenterprise Development (MED)
Response Project

USAID FUNDING PERIOD:
January 2000-July 2002

USAID AMOUNT:
\$344,618

PURPOSE

The project goal is to strengthen the capacity of vulnerable individuals, households, and communities to respond to the economic, social, and health impact of HIV/AIDS. The project expands on previous work in the Bergville subdistrict of uThukela. Results of a participatory learning and action survey indicate that the populations being served include households headed by women, pensioners, and widows; and emerging child-headed households. The project will specifically strive to:

- Maintain or improve income for households with orphans or acutely ill family members;
- Increase financial abilities and decrease risk behavior among women and youth;
- Increase awareness of and response to HIV/AIDS among civil society, local institutions and groups, and vulnerable individuals;
- Improve the knowledge and skills of household members to provide care and support to chronically ill family members;
- Establish appropriate knowledge and awareness of caring for orphans;
- Document and share project experiences; and
- Ensure sustainability of effective project components.

Measurable outcome indicators have been established for the first five points in the list above. Interventions to achieve these objectives include the Dynamic Business Start-up (DBSU) program to train and support communi-

ty members in identifying and implementing a business; simple labor saving technologies (e.g., water carrying, irrigation); technical support for networking and collaboration within the community (e.g., household maintenance); home-based care linkages with other community activities; and quality of care indicators to monitor orphan well being and promote child rights.

KEY ACCOMPLISHMENTS

- A rapid household scan of every third household in Okhahlamba was taken (4,159 households interviewed), which generated data on household demographics, individual and household incomes, number of children without parents, and illness levels according to age;
- An in-depth, random economic survey was taken of people in households that care for orphans, ill family members, or that have neither;
- Community members are being mentored or are in training on how to start and develop their own businesses; and
- An Okhahlamba orphans team is facilitating the development of community responses to enhance the well-being of orphans.

PRIORITY ACTIVITIES, 2001-2002

- Further training and mentoring of community members in the DBSU program will continue, and will specifically include more households that have orphans, or ill family members;
- The program will be linked to the current home-based care project;

- Plans are underway to strengthen the capacity of the community-based orphan team;
- Prevention and care messages regarding well-being and HIV/AIDS for youth, women, and other community members will be developed; and
- Another rapid scan will be conducted and followed by an in-depth economic survey to assess the effect and relevance of business training and mentoring as an HIV/AIDS mitigation activity.

PROJECT MATERIALS AND TOOLS

- Output and outcome indicators;
- Home-based care training modules;
- Transformational leadership modules;
- Participatory Learning and Action survey results;
- Household scan report and tool; and

- Detailed household income and expenditure questionnaire.

CONTACT INFORMATION

World Vision/South Africa Operations:
Steve Goudswaard (steve_goudswaard@wvi.org),
Tel: 011-671-1322

HIV/MED Grant Amendment:
Monika Holst (monika@futurenet.co.za)
Tel: 036-448-2044

USAID/Washington:
Della Dash (ddash@usaid.gov),
Nitin Madhav (nmadhav@usaid.gov)

USAID/South Africa:
Melinda Wilson (mwilson@usaid.gov)

World Vision website: www.worldvision.org

COUNTRY:
South Africa

USAID FUNDING PERIOD:
February 2000-September 2001

PROJECT:
Improving Community Care of Children
Affected by AIDS—Ndwedwe District
Child Survival Project

USAID AMOUNT:
\$350,000

IMPLEMENTING ORGANIZATIONS:
Medical Care Development International
(MCDI), DramAIDE, local Diakonia
Council of Churches

PURPOSE

The project tests community-based interventions designed to strengthen and improve the care and support of children affected by AIDS and concentrates on three levels of effort: preventing new HIV cases, strengthening the willingness and capacity of families and communities to care for orphans and vulnerable children, and supporting and improving home-based care of people living with AIDS. Direct beneficiaries are HIV/AIDS caregivers, community care and support workers and professionals who receive training from project staff, and youth in primary and secondary schools. Other beneficiaries include women of reproductive age and children who are orphaned due to AIDS, who are HIV-positive, and those living with an HIV-positive parent; and members of community health committees.

The prevention component includes school-based health clubs that promote AIDS awareness and healthy behaviors via entertainment and behavior change campaigns involving the Department of Health and the Diakonia Council of Churches. Home-based care for people living with AIDS includes training and support for volunteers, nutritional care and counseling, and pilot testing of drugs for opportunistic infections. Activities include material support, monitoring by community committee members who are trained to address the epidemic and its effect on populations, training in psychosocial support, pilot testing a crèche program for orphans and vulnerable children, microenterprise schemes, and strengthening regional and district-level AIDS councils.

KEY ACCOMPLISHMENTS

- 8 school health clubs were sponsored;
- 3 out of 7 community health committees have completed registers of orphans and vulnerable children in their area;
- The wealth ranking tool was developed as a participatory exercise with the Shangase community health committee to prioritize assistance to children affected by AIDS and has been translated into Zulu;
- Home-based care volunteers received follow-up training, including three five-day refresher training workshops;
- A new antenatal rapid testing site for HIV was established in Montebello hospital;
- Implementing workshops were held for communities in six tribal authorities on how to access child care and foster care grants from the Department of Welfare; and
- Action on AIDS workshops were held for church leaders of faith-based organizations, in collaboration with Diakonia.

PRIORITY ACTIVITIES, 2001

The project is in its final three months of activity, however, the top activities for the next quarter include:

- Improving the supervision and monitoring activities of the home-based care volunteers;
- Solidifying home-based care volunteer referral patterns;
- Counseling and testing training for nurses in HIV/AIDS and sexually transmitted infections;
- Initiating prioritization of assistance to children affected by AIDS who are most in need;
- Expanding wealth ranking and needs prioritization exercises to other project communities;
- Providing technical assistance to the Ndwedwe AIDS Task Team;

- Training church leaders in faith-based organizations in promoting HIV/AIDS prevention and providing assistance to people living with HIV/AIDS; and
- Training the last group of home-based care volunteers.

PROJECT MATERIALS AND TOOLS

- In-service training modules for home-based care volunteers;
- Rapid testing algorithms;
- Wealth ranking instrument for the level of need assessment;
- Workshop guidelines for accessing government grants for children affected by AIDS; and
- Output indicators for school HIV prevention activities.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Rapid testing protocols for HIV and syphilis;
- Home-based care (volunteer training and supervision); and
- Participatory learning activities for community-level planning and needs identification.

CONTACT INFORMATION

MCDI/South Africa:

David Patterson (pattersond@shep.und.ac.za),
Tel: 031-260-1622/1408

MCDI/Washington:

Blasques de Oliveira (mcdi@mcdi.org),
Tel: 202-462-1920

USAID/Washington:

Nitin Madhav (nmadhav@usaid.gov)

USAID/ South Africa:

Melinda Wilson (mwilson@usaid.gov)

MCDI website: <http://www.mcdi.org>

COUNTRY:
South Africa

USAID FUNDING PERIOD:
October 1999-June 2002

PROJECT:
Community-Based Care and Support for
Orphans and Vulnerable Children—
Siyawela Project

USAID AMOUNT:
\$600,000

IMPLEMENTING ORGANIZATIONS:
HOPE Worldwide, Family Health
International/IMPACT

PURPOSE

HOPE Worldwide forms comprehensive care systems that integrate care and support for orphans and other vulnerable children into existing community-based prevention and care activities. The project links care and prevention of HIV through home-based care, community mobilization, and referral networks. HOPE Worldwide, with technical assistance from Family Health International/IMPACT, developed a community mobilization approach to create a community support system for orphans and vulnerable children, which included nutritional support; recreational activities; life skills; and assistance with counseling, disclosure, and future planning. The project strengthens links between the community and the Perinatal HIV Research Unit at the Chris Baragwanath Hospital in Soweto to provide a continuum of care through voluntary counseling and testing. The project serves orphans, vulnerable children, HIV-infected children, and persons with AIDS, home caregivers, and family and community members in Soweto.

KEY ACCOMPLISHMENTS

- Support groups for children were established within the adult support groups (some support groups include only after-school activities);
- Staff members were trained in home-based care, social auxiliary work, psychosocial support for children, and community mobilization tools;
- 3 task teams for orphans and vulnerable children were established with various working groups (health, poverty and job creation, education, recreation, abuse, cultural, and environment);

- A referral and follow-up system to community care and support services was developed and implemented;
- Welfare grants to clients were facilitated; and
- Promotional and educational brochures were developed.

PRIORITY ACTIVITIES, 2001–2002

- Community mobilization will continue through workshops and networking of orphans and vulnerable children task teams and working groups;
- A resource center for network capacity building will be established;
- A referral and follow-up system will be established;
- Close relationships will be developed with care and support service providers;
- The child support groups will be enhanced; and
- An education campaign for voluntary counseling and testing for the general population (not just pregnant women) will be promoted.

PROJECT MATERIALS AND TOOLS

- Project program summary, brochures, and referral and follow-up guidelines.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Mentoring, training, and/or networking in monitoring and evaluation;
- Community mobilization;
- Linking care and prevention; and
- Home-based care.

CONTACT INFORMATION

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org),

Tel: 703-516-9779, Fax: 703-516-9781

HOPE Worldwide:

Edward Phillips (edward_phillips@hopewww.org),

Tel: 27-11-463-6119, Fax: 27-11-463-6498,

Mobile: 27-83-445-0011

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/South Africa:

Melinda Wilson (mwilson@usaid.gov)

COUNTRY:

South Africa

USAID FUNDING PERIOD:

September 2000-October 2003

PROJECT:

Strategic Response to Improving the Well-Being Of Orphans and Vulnerable Children in South Africa

USAID AMOUNT:

\$5 million

IMPLEMENTING ORGANIZATIONS:

The Nelson Mandela Children's Fund (NMCF) and four community building and catalyst organizations (CCOs) in KwaZulu-Natal:

Community Law and Rural Development Centre (CLRDC)

Africa Centre for Population Studies and Reproductive Health (Africa Centre)

KwaZulu Natal Christian Council (KZNCC)

Zululand Chamber of Business Foundation (ZCBF)

PURPOSE

The Nelson Mandela Children's Fund (NMCF) seeks to strengthen household and community capacity to develop sustaining approaches that support orphans and other vulnerable children. The project aims to reach an estimated 250,000 orphans and other vulnerable children in 10 HIV/AIDS-impacted communities, across four provinces of the country. NMCF employs four strategies:

- Forms partnerships to mobilize multisectoral community initiatives. NMCF will identify strategic partners known as catalyst and capacity-building organizations that will receive funding, training, and technical assistance to work with communities in responding to the needs of orphans and vulnerable children.
- Issues grants to nongovernmental and community-based organizations. In response to emerging and innovative initiatives, NMCF funds organizations directly.
- Tests, through partnerships with microfinance institutions, the "marriage" of social development activities and economic strengthening initiatives. Partners will develop innovative financial products and provide business support services to targeted households, and/or communities supporting orphans and vulnerable children.
- Contributes to the establishment of a national policy framework and strategic plan to assist orphans and vulnerable children as well as to strengthen networks of government and nongovernmental

services. NMCF will advocate for policy changes across government sectors to ensure positive impact on orphans and vulnerable children. A first priority for change is policymaker preference for community-based care of orphans and vulnerable children rather than institutional care.

KEY ACCOMPLISHMENTS

- Catalyst and capacity-building organizations in KwaZulu Natal were appointed;
- Initial training on community mobilization was held with these organizations;
- The National Aids and Children's Task Team (NACTT) became involved;
- Discussions held with government departments of Social Development, Welfare and Education with the goal of forming partnerships. This is particularly important to avoid duplicate services at the local level.
- Partnerships were formed and discussions held with community-based organizations regarding local conditions at each site.

PRIORITY ACTIVITIES, 2001–2002

- Site selection will be finalized for the remaining pilot sites and key partners will be appointed;
- A baseline survey will be completed for all 10 sites, which will lead to program planning;
- Funding for innovative approaches to orphans and vulnerable children will be sought;

- An advocacy strategy will be developed; and
- Microfinance initiatives will begin.

PROJECT MATERIALS AND TOOLS

- These are in development, but NMCF has a comprehensive list of indicators that were developed, and will be applied at local level by the implementing agencies.

TECHNICAL ASSISTANCE

- NMCF has strong links with the South African government from an organizational perspective, as well as links through NMCF board of trustees.

CONTACT INFORMATION

NMCF:

Sibongile Mkhabela, CEO and
Ally Cassiem (AllyC@nmcf.co.za),
Goelama Project manager,
Tel: 27-11-786-9140, Fax: 27-11-786-9197;
info@nmcf.co.za;

<http://www.mandela-children.org>

USAID/Washington:

Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/South Africa:

Melinda Wilson (mwilson@usaid.gov)

Nelson Mandela website:

www.mandela-children.org

Tanzania

COUNTRY:
Tanzania

USAID FUNDING PERIOD:
July 2001–July 2004

PROJECT:
Voluntary Sector Health Program

USAID AMOUNT:
\$499,000

IMPLEMENTING ORGANIZATION:
CARE/Tanzania, Healthscope Tanzania,
Ltd., Johns Hopkins University

PURPOSE

CARE manages a program designed to strengthen public-private partnerships at the district level. They provide support to nongovernmental organizations to increase use of family planning, maternal and child health services, and HIV/AIDS prevention methods. As part of this integrated health activity, CARE supports nongovernmental organizations working with orphans and vulnerable children at the district level in five rural, underserved regions in Tanzania. Activities include support to communities to assist orphans and other vulnerable children with school fees, clothing, and food, health, and social services. Community members define their needs and participate in developing activities that assist orphans and other vulnerable children in the community.

PRIORITY ACTIVITIES, 2001–2002

- Finalize the care and support assessment report commissioned by USAID and undertaken by the Family Health International and National AIDS Control Program.
- At the district level, determine program needs, gaps, and potential in the coming year. Two teams will move through the five selected regions in rural Tanzania to work with district officials, nongovernmental organizations, and representatives of civil

society to determine priority needs in that district for orphans and vulnerable children.

- Organizations currently working with orphans and vulnerable children will be identified, their capacity assessed, and funding details reviewed. Resource organizations from national and regional levels will provide technical support as determined.
- Key activities already strong in some regions (e.g. Social Action Trust Fund which is currently a major supporter of vulnerable children through paying of school fees, food, etc.), may be scaled up as determined at district level.
- Begin two-phased program launch starting with Phase I districts in late 2001 and Phase 2 in early 2002.

CONTACT INFORMATION

CARE/Tanzania: Dr. Binagwa, Team Leader
(Fbinagwa@care.or.tz), Tel: 255 22 2666775.

USAID/Tanzania: Robert Cunnane
(RCunnane@usaid.gov),
Janis Timberlake
(jtimberlake@usaid.gov)
Vicky Chuwa (vchuwa@usaid.gov),
Amy Cunningham, acunningham@usaid.gov

Uganda

COUNTRY:
Uganda

USAID FUNDING PERIOD:
2001-2003

PROJECT:
Applied Research on Child Health (ARCH)

USAID AMOUNT:
\$500,000

IMPLEMENTING ORGANIZATIONS:
Center for International Health at Boston
University School of Public Health,
UNICEF, Makerere University Institute
of Public Health, Makerere Institute for
Social Research

PURPOSE

The Applied Research on Child Health (ARCH) project will collaborate with the Uganda AIDS Commission, UNICEF-Uganda, USAID-Uganda, UNAIDS-Uganda, Makerere Institute for Social Research, and Makerere Institute of Public Health to conduct a situational analysis of orphans to inform a comprehensive policy and strategic framework for assisting orphans and other vulnerable children. ARCH also will collaborate and provide technical support to six Ugandan applied research teams to carry out selected policy analyses and program evaluation studies on governmental and civil society interventions to improve the physical, mental, and social welfare of orphans and their caregivers.

ARCH aims to provide the government of Uganda, Ugandan civil society institutions, and the donor community with a better understanding of the status of orphans and vulnerable children in Uganda. Relevant data are being collected through the situation analysis and used to help guide a national policy to enable Uganda to better respond to the needs of orphans and vulnerable children. Further, the work done by the ARCH project will increase capacity building within these organizations through an exchange and feedback on best practices. ARCH will strengthen resources and services for orphans and their caretakers within Uganda by providing information on:

- Known estimates of the number, causes and distribution of orphaned children in Uganda;

- A policy framework for government, the donor community, and civil society institutions to assist orphans;
- Promising strategies (best practices) for addressing the growing needs of orphans including innovative interventions within their care environment;
- Existing governmental and nongovernmental, local (grassroots), national, and international resources and service networks assisting orphans;
- Potential for an extended support system to optimize service provision for the health and care of orphans and their caretakers;
- Physical, mental, and social welfare impacts specific to child-headed households and street children; and
- Disproportionate caretaker burden on girls and women and their increased vulnerability resulting from rape, prostitution, or homelessness.

PRIORITY ACTIVITIES, 2001-2002

- A situation analysis of orphans will be performed in eight districts in Uganda;
- A national stakeholder meeting will be scheduled;
- A national strategic policy framework for orphans will be drafted;
- A proposal development workshop for nine Ugandan policy analytical and program evaluation teams will be scheduled; and
- 6 policy analyses and program evaluations will be completed.

PROJECT MATERIALS AND TOOLS

Materials:

- Situation Analysis report (mid-2002);
- 6 policy analyses and program evaluation final reports/manuscripts (late 2003);
- Synthesis of Ugandan orphan policy analyses and program evaluations (late 2003); and
- National strategic policy plan for orphans in Uganda (late 2002).

Training:

- Intervention study methodologies;
- Orphan study proposal development;
- Orphan policy analyses;
- Orphan policy evaluations;
- National orphan policy formulation; and
- Monitoring and evaluation methodologies for orphan care interventions.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Intervention study methodologies;
- Orphan study proposal development;
- Orphan policy analyses;
- Orphan policy evaluations;
- Formulation of national orphan policies; and
- Monitoring and evaluation methodologies for orphan care interventions.

CONTACT INFORMATION

ARCH/Boston:

Kris Heggenhougen (kheggenh@bu.edu),
Tel: 617-414-1450,
Angela Wakhweya (wakhweya@bu.edu),
Tel: 617-414-1264,
Deirdre Pierotti (dpierott@bu.edu), Tel: 617-414-1265

MISR/Uganda (Kampala);
Rebecca Mukyala (misrlib@imul.com),
Tel: 256-41-532207

USAID/Washington:

Ruth Frischer (rfrischer@usaid.gov)

USAID/Uganda:

Elise Ayers (eayers@usaid.gov)

COUNTRY:

Uganda

USAID FUNDING PERIOD:

August 1999-July 2002

PROJECT:

Modified Approach to Support AIDS Affected Children

USAID AMOUNT:

\$190,000

IMPLEMENTING ORGANIZATIONS:

Population Council/HORIZONS, PLAN International, and Makerere University; for intervention, Grasslands Foundation, NACWOLA, Diocese of Luwero, FIDA.

PURPOSE

HORIZONS, Makerere University, and PLAN International are collaborating to assess the impact of two interventions: 1) a basic orphan support program on the physical, educational, and emotional well-being of children; and 2) a succession planning program for HIV-affected families that targets children, parents, and likely guardians in conjunction with a home-based

care program. The succession planning program begins once a parent has tested positive for HIV.

The orphan support program components include improved access to health care services; education on AIDS, sexually transmitted infections, and family planning; sensitization to the effect of AIDS on children and advocacy on property rights, educational support, and registration of orphans; vocational/agricultural

training; and seed money. For the succession planning program, additional components include legal training and will writing, family memory books, counseling, and assistance in identifying and preparing standby guardians.

The baseline sample includes 353 parents who have tested positive for HIV, 495 children of people living with HIV/AIDS, 232 orphaned children, and 326 designated and current guardians.

KEY ACCOMPLISHMENTS

- A baseline study was conducted and findings were disseminated; and
- The first followup was completed and the findings were analyzed.

PRIORITY ACTIVITIES, 2001–2002

- The third and final observation occurred in August 2001 and will be followed by an impact analysis.

PROJECT MATERIALS AND TOOLS

- Research instruments are available at AIDSQuest website [www.popcouncil.org].

CONTACT INFORMATION

HORIZONS:

Laelia Gilborn (laelia_gilborn@hotmail.com;
lgilborn@pcdc.org)

PLAN/Uganda:

Donald Keane (keened@plan.geis.com)

Makerere University:

Rebecca Nyonyintono (anppcan@infocam.co.ug)

USAID/Washington:

David Stanton (dstanton@usaid.gov)

USAID/Uganda:

Elise Ayers (eyayers@usaid.gov)

Population Council/HORIZONS website:

www.popcouncil.org/horizons

COUNTRY:
Uganda

USAID FUNDING PERIOD:
October 1999-September 2002

PROJECT:
Child Survival Support project

USAID AMOUNT:
\$1 million

IMPLEMENTING ORGANIZATIONS:
The AIDS Support Organization (TASO),
and National Community of Women
Living with HIV/AIDS (NACWOLA)

PURPOSE

The project aims to improve the quality of life for children affected by HIV/AIDS and to build their capacity to cope with the effects of HIV/AIDS by improving their literacy and helping them to acquire skills essential for self-sustenance.

The project is implemented in the seven TASO service centers and directly assists 232 children. These children, who are among the neediest of TASO clients, receive support for primary, secondary, and vocational education expenses. These project beneficiaries are within a 35-kilometer distance of TASO service centers in seven districts: Jinja, Kampala, Masaka, Mbale, Mbarara, Tororo, and Wakiso.

TASO centers provide counseling, supportive guidance, succession planning, and the writing of memory books to help children and parents confront and plan for an inevitable death due to AIDS. Succession planning involves a participatory process at the family level through which parents are encouraged to reveal their HIV status to children, write and discuss wills, name heirs and guardians, as well as discuss the plans and aspirations that parents would have wished to see their children accomplish in the future. The project will also train 48 school teachers and 256 guardians in basic counseling skills to help them address the needs of children who have experienced the trauma of living with parents who are chronically ill or have already died. Modest, interest-free loans will be provided to at

least 56 organized community-based groups of guardians to start income-generating projects by September 2002.

KEY ACCOMPLISHMENTS

- All 232 children targeted by the project have been enrolled in schools; 144 children in primary schools, 16 in secondary schools, and 72 in other schools.
- A project coordinator at the head office and seven support officers were hired and have received training in counseling to offer ongoing monitoring and support to both children and foster families.
- 28 joint workshops for TASO-supported children and their foster parents have been held and issues pertaining to school performance and welfare of children discussed.
- 8 workshops have been held for foster communities to educate them on child rights.
- Training of facilitators for the production of succession plans and Memory Books was completed.
- 22 teachers have been trained in counseling.

PRIORITY ACTIVITIES, 2001–2002

- An additional 55 schoolteachers will be trained in counseling;
- The Uganda Children's Statute will be translated into four local languages and at least 2,000 copies will be distributed to communities after community child rights education seminars;
- Selected groups of foster families will be trained in microenterprise management and will receive seed funds for community-based projects;

- Support visits to schools and homes of supported children will continue; and
- Succession planning programs to cover the remaining five centers will be developed.

PROJECT MATERIALS AND TOOLS

- Handbook on counseling of children affected by HIV/AIDS;
- Uganda Children's Statute; and
- Memory books (guidelines).

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Counseling of children affected by HIV/AIDS;
- Sharing training materials;
- Integration of HIV/AIDS care and prevention in school settings;
- Succession planning; and
- Developing nongovernmental organization/private sector partnership.

CONTACT INFORMATION

TASO:

Dr. Alex Cotinho (tasodata@imul.com)

USAID/Uganda:

Elise Ayers (eayers@usaid.gov),

Dan Ahimbisibwe Wamanya (dwamanya@usaid.gov)

COUNTRY:
Uganda

USAID FUNDING PERIOD:
May 2001–May 2006

PROJECT:
The AIDS Integrated Model
(AIM) District Program

USAID AND CENTERS FOR DISEASE
CONTROL AMOUNT:
\$20 million total project (a portion sup-
ports activities related to orphans and
other vulnerable children)

IMPLEMENTING ORGANIZATIONS:
JSI Research and Training Institute,
World Learning, Inc., and
World Education, Inc.

PURPOSE

The overall goal of the program is to support 12 selected districts in planning, implementing, and monitoring decentralized HIV/AIDS prevention, care, and support services, and to strengthen the capacity of nongovernmental organizations and community-based organizations to plan, manage, and provide essential services at national, district and sub-district levels. The approach will be driven by the needs of local government agencies, nongovernmental organizations, community-based organizations, and private sector agencies working in the selected districts. This bottom-up approach will involve grassroots level stakeholders supporting long-term sustainability, ownership, and decentralized management. To achieve this goal, a four-part approach has been developed consisting of:

- Partnering of districts;
- Phasing in 12 districts simultaneously;
- Subgranting through districts and directly to nongovernmental organizations/community based organizations; and
- Capacity building through training and information, education, and communications.

To ensure that comprehensive, integrated HIV/AIDS services are offered, program activities in each district will depend on the identified needs of a given district and may include activities aimed at voluntary counseling and testing, reducing mother to child transmission of HIV, diagnosis and treatment of opportunistic infections, youth, both in and out of school, and orphans due to AIDS.

This program will focus on expanding efforts to address the unique needs of children affected by HIV/AIDS and their caregivers. The needs of orphans

and vulnerable children will vary by districts, and each district will be encouraged to develop innovative strategies for the most urgent issues using existing social and community structures within a broader context of HIV/AIDS prevention, care, and support. Activities include: improving school attendance and retention; addressing whole life needs of out-of-school youth; facilitating apprenticeship programs; supporting grandparents and other family members caring for orphans and vulnerable children; and improving income generation. The project aims to:

- Integrate HIV/AIDS services at district level;
- Increase provision of HIV/AIDS prevention services;
- Increase access to community and home-based care;
- Increase access to social services for children affected by HIV/AIDS; and
- Strengthen capacity of nongovernmental organizations/community-based organizations to manage, plan, and provide services at the national, district and sub-district level.

PRIORITY ACTIVITIES, 2001–2002

- Selection of 12 districts;
- Rapid assessment of 12 districts and strategic planning with District AIDS Committees;
- Program implementation in all selected districts simultaneously;
- Funding, through subgrants, to District Health Offices as well as to the prioritized nongovernmental organizations/community-based organizations and commercial sector activities;

- A two-pronged approach to training will be implemented to more quickly begin delivery of services. Initially, training will be conducted directly by program staff for district health, nongovernmental organizations/community-based organizations, and commercial sector partners. However, to build local training capacity, program staff will train a cadre of trainers in each district who will be able to meet future local training needs.

PROJECT MATERIALS AND TOOLS

- Criteria for an integrated model of HIV/AIDS services;
- Monitoring and evaluation plan;
- Training materials; and
- Innovative approaches to prevention, care and support.

TECHNICAL ASSISTANCE

- Although this program has not yet begun implementation, it is expected that technical assistance will be available through materials, dissemination of lessons learned, and networking as relates to the delivery of comprehensive, integrated HIV/AIDS services.

CONTACT INFORMATION:

JSI/Uganda:

Maurice Adams, Program Director
(info@aimuganda.org),
Tel: +256-41-346292/8;
+256-77-765432

USAID/Uganda:

Elise Ayers (eayers@usaid.gov)

COUNTRY:

Uganda

PROJECT:

Title II HIV/AIDS LIFE Initiative

IMPLEMENTING ORGANIZATION:

The project is managed by ACDI/VOCA and implemented through a consortium of four organizations: The AIDS Support Organization (TASO), World Vision Uganda, Africare and Catholic Relief Services (CRS).

USAID FUNDING PERIOD:

September 2001–August 2006. Direct implementation of the project began in October 2001.

USAID AMOUNT:

\$30 million in Title II food aid resources

PURPOSE

The project aims to provide nutritious food for people living with HIV/AIDS and their affected immediate family members. It will offer significant input into the care of individuals and households affected by HIV/AIDS by boosting their nutritional status and consequently their ability to withstand some of the devastating opportunistic infections associated with HIV/AIDS.

The project serves nine districts: Kampala, Jinja, Masaka, Mbarara, Tororo, Mbale, Mpigi, Ntungamo and Wakiso and directly targets 60,000 people—12,000 living with HIV/AIDS and 48,000 immediate dependents, approximately 30 percent of whom are children. Given that more than 1 million people are

estimated to be living with HIV in Uganda, 60,000 beneficiaries is a small portion of the total deserving population. Therefore, rigorous criteria had to be applied during the selection of the 60,000 beneficiaries.

The food will be distributed with the help of local village leaders and food distribution committees. Taking food to the community also has inherent benefits of enabling communities to get involved in the HIV/AIDS response and to minimize stigma of those affected. Food will be distributed following intensive counseling and education focusing on the benefits of Corn Soy Blend, preparation guidelines, and acceptability. Community-based workshops will also be organized to sensitize residents on the project.

The project is anticipated to improve the health and living standards of its beneficiaries through:

- Improved nutritional status among recipients, especially for children affected by HIV/AIDS;
- Improved dietary diversity for people affected by HIV/AIDS;
- Increased and consistent use of other non-food services offered by the implementing organizations;
- Improved overall food security in beneficiary households;
- Reduced stigma attached to HIV/AIDS through involvement of communities in food distribution and monitoring; and
- Integration of nutrition education into HIV/AIDS prevention and care activities.

PRIORITY ACTIVITIES, 2001–2002

- Training of project staff in inventory and commodity management;
- Finalization of the monitoring and evaluation guidelines;
- Conducting a baseline assessment;
- Actual distribution of food; and
- Integration of nutrition education into mainstream counseling and care activities.

PROJECT MATERIALS AND TOOLS

- *HIV/AIDS: A Guide for Nutrition, Care and Support*;
- Handbook on *Nutritional Care and Support for Persons Living with HIV/AIDS and other Household Members*; and
- Monitoring and evaluation plan

CONTACT INFORMATION:

ACDI/VOCA:

Scott McNiven (smcniven-pl480@acdivoca-ug.org)

TASO:

Dr. Alex Coutinho (tasodata@imul.com)

World Vision:

Joseph Kamara Kihika (Kihika@wvi.org)

Catholic Relief Services:

Paul Macek (pmacek@crsuganda.or.ug)

Africare:

Peter M. Persell (ppersell@swiftuganda.com)

USAID/Uganda:

Walter Welz (wwelz@usaid.gov)

Dan Ahimbisibwe Wamanya (dwamanya@usaid.gov)

USAID/Washington:

Rene Berger (rberger@usaid.gov)

Zambia

COUNTRY:
Zambia

USAID FUNDING PERIOD:
April 2000-March 2003

PROJECT:
Interactive Radio Instruction Program for
Out-of-School Children

USAID AMOUNT:
\$858,675

IMPLEMENTING ORGANIZATION:
Education Development Center

PURPOSE

For more than 20 years, Interactive Radio Instruction has been used to improve the quality of learning in classrooms. In Zambia, it is delivering basic education to out-of-school children, especially orphans and other vulnerable children, in community learning centers. Interactive Radio Instruction is a collaborative effort among communities, churches, nongovernmental organizations, and community-based organizations, the Ministry of Education's Education Broadcast Services (EBS), Peace Corps, and the Education Development Center. EBS develops and broadcasts the programs and develops supplementary materials; the Ministry of Education trains mentors and provides supervision/monitoring at participating learning centers. Participating communities, churches, and nongovernmental organizations provide the learning center venues, mentors to facilitate the radio broadcasts, radio receivers, and some low-cost materials. Communities also mobilize out-of-school children to attend the learning centers each day. The Education Development Center has trained EBS writers and producers and assisted EBS to develop a training of trainers program for the Ministry of Education resource center staff, who in turn train mentors to run the community-based learning centers.

EBS airs 100 daily 30-minute lessons for grade 1, which follow the Zambian curriculum for mathematics and English. Due to the psychosocial needs of many of the listeners, the radio instruction programs include five-minute segments covering life skill themes (hygiene, nutrition, social values, etc.). The success of

the first 20-week pilot has led to further support to develop programming and support materials for additional primary school levels. More scriptwriters have now been trained and grade 2 programs are being prepared for transmission. HIV/AIDS awareness messages will be included in lessons targeting learners at higher grade levels.

KEY ACCOMPLISHMENTS

- Recent evaluation indicates an average enrollment of 60 learners per center, 47 of whom were still coming each day after 10 weeks, and average gains in language comprehension were between 21.5 and 46 percent;
- Interactive radio in community learning centers was formally adopted by the Ministry of Education as its means for reaching the 50 percent of school-age children not in school;
- 14 teachers were trained as scriptwriters and drafted 200 scripts for grade 2;
- A formal agreement was made with the Zambia Examinations Council to develop criterion-referenced tests for each grade for use in the centers; and
- The number of centers expanded from 22 in the pilot to more than 300 in February 2001.

PRIORITY ACTIVITIES, 2001–2002

- Set up a system to monitor enrollment, attendance, and learning achievement in community learning centers;

- Maintain quality and output of grade 2 broadcasts and mentors' guides;
- Set up a sustainable system of achievement testing in a country where the formal system has examination only for departing 7th graders; and
- Improve communication among the Ministry of Education staff and churches, nongovernmental organizations, and communities.

PROJECT MATERIALS AND TOOLS

- Sample script;
- Sample pages from the mentors' guide; and
- Evaluation data.

TECHNICAL ASSISTANCE

- The project can provide expertise for other orphans and vulnerable children projects in technical training in Interactive Radio Instruction.

CONTACT INFORMATION

Education Development Center/Washington:

Michael Laflin (mlaflin@edc.org),

Tel: 202-835-1614

USAID/Zambia:

Kent Noel (knoel@usaid.gov)

USAID/Washington:

Megan Thomas (mthomas@usaid.gov)

COUNTRY:

Zambia

USAID FUNDING PERIOD:

January 2000-December 2001

PROJECT:

Involving Young People in the Care and Support of People Living with HIV/AIDS

USAID AMOUNT:

\$167,548

IMPLEMENTING ORGANIZATIONS:

Family Health Trust, CARE/Zambia, Population Council/HORIZONS

PURPOSE

This project is an investigative study to determine whether young people who provide care and support to persons living with HIV/AIDS are more likely to practice safer sex behaviors, and if provision of care and support by young people can reduce stigma against orphans and vulnerable children and HIV-infected people. The study will also explore the interaction between young people and orphans. Qualitative research revealed that involving youth in home-based care is acceptable to clients of home-based care programs and the youth themselves. Research also shows that gender roles have been expressed with girls taking responsibility for cooking and housework for persons living with AIDS and boys teaching affected families about risk reduction. Obstacles to youth participating include fear of infection and lingering stereotypes associating AIDS with immorality. The study involves young people, including orphans and vulnerable children, in anti-AIDS and other community-based clubs.

KEY ACCOMPLISHMENTS

- 2 community advisory committees have been formed for the project;
- 60 clubs have been trained in prevention activities;
- 60 club patrons/matrons were trained in facilitation and monitoring of club activities; and
- Baseline data were collected from 800 club members, and were analyzed and disseminated.

PRIORITY ACTIVITIES, 2001-2002

- 12 care and support trainers will be trained;
- 150 club members will be trained in care and support activities for orphans and vulnerable children and people living with HIV/AIDS;
- 3 care and support teams per club will be formed (total of 30 clubs) and linked with households and health service facilities;
- Care and support activities will be evaluated through a follow-on survey; and
- Results will be presented at conferences.

PROJECT MATERIALS AND TOOLS

- A study report of people living with HIV/AIDS;
- Baseline results;
- Training curriculum for prevention activities and youth club management; and
- Care and support training curriculum.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Community mobilization;
- Training young people to care for and support orphans and vulnerable children;
- Reducing stigma for orphans and vulnerable children;
- Provision of youth home-based and community-based care; and
- Mentoring and networking.

CONTACT INFORMATION

HORIZONS:

Eka Williams (ewilliams@pcjoburg.org.za)

CARE/Zambia:

Mangala Chambeshi-Moyo (chambeshi@zm.care.org)

Family Health Trust:

Mwape Chalowaniya (fht@zamnet.zm)

USAID/Washington:

David Stanton (dstanton@usaid.gov)

USAID/Zambia:

Karen Shelley (kshelley@usaid.gov),

Robert Clay (rclay@usaid.gov)

Population Council/HORIZONS website:

www.popcouncil.org/horizons

COUNTRY:

Zambia

USAID FUNDING PERIOD:

December 2000-December 2005

PROJECT:

Africa KidSAFE (Safety, Advocacy, Food, and Education)

USAID AMOUNT:

\$418,000

IMPLEMENTING ORGANIZATIONS:

Project Concern International and Fountain of Hope

PURPOSE

KidSAFE provides a continuum of care for street children in Lusaka. With ongoing organizational capacity building from Project Concern International, local partner Fountain of Hope has expanded its provision of shelter, food, education, emergency medical care, counseling, skills training, assistance with income generation, and outreach to the growing number of street children. KidSAFE also provides increased support for family tracing and reintegration, and referral and placement of children for whom reintegration is not possible. The project objectives are as follows:

- Reduce the number of street children through family tracing and reintegration;

- Prevent community-to-street drift of at-risk children by equipping eligible primary caregivers with basic business skills and seed money for income generating activities;
- Establish a continuum of care for street children in Lusaka by linking outreach to referral and placement of orphans with no extended family support into foster care or stable, community-based, institutional environments; and
- Provide education and skills training to 2,500 street and out-of-school children.

KEY ACCOMPLISHMENTS

- 2,000 children per day were given food, community schooling, health care, skills training, shelter, and/or family tracing/reintegration (a 500 percent increase in service provision in six months);
- 80 households were reached with income-generation activities through the Mothers' Program;
- Medical services were strengthened with support for basic first aid, emergency medical treatment, and medicines;
- Children were reintegrated with their families, and children were placed with stable, community-based organizations;
- Skills training and employment opportunities were offered to older youths through the development of apprenticeships with local artisans and organizations; and
- Partnerships with community-based organizations and projects in communities outside of Lusaka were established. Fountain of Hope has helped these organizations establish community schools and other programs to meet the needs of children in these communities, in an effort to prevent their migration to Lusaka.

PRIORITY ACTIVITIES, 2001–2002

- Strengthen the organizational capacity of Fountain of Hope;
- Replicate the Fountain of Hope approach through local organizations in five districts;
- Continue to build and strengthen the KidSAFE service-provider referral network;
- Expand web-based marketing and publicity for the KidSAFE program; and
- Explore regional expansion of the KidSAFE approach in neighboring countries.

PROJECT MATERIALS AND TOOLS

- Intake (data collection) form for street children contacted through outreach efforts.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Organizational capacity-assessment and capacity-building;
- Conducting child-centered outreach and support services with street youth;
- HIV/AIDS prevention for street youth;
- Providing social welfare, health, and education services for street youth;
- Running drop-in centers/shelters for street youth;
- Data collection methods for street children;
- Income generation and skills training for mothers;
- Community school development; and
- Partnership development and maintenance.

CONTACT INFORMATION

Fountain of Hope:

Rodgers Mwewa (rodgersmwewa@hotmail.com)

Project Concern International:

Barbie Rasmussen, country director
(barbie@zamnet.zm);

Karen Romano, program officer
(kromano@projectconcern.org),

Tel: 858-279-9690

USAID/Washington:

Eric Picard (epicard@usaid.gov),

Martin Hewitt (mhewitt@usaid.gov)

USAID/Zambia:

Robert Clay (rclay@usaid.gov);

Karen Shelley (kshelley@usaid.gov)

Project Concern International website:

www.projectconcern.org

COUNTRY:
Zambia

USAID FUNDING PERIOD:
September 1999-September 2002

PROJECT:
Strengthening Community Partnerships
for Empowerment of Orphans and
Vulnerable Children (SCOPE)

USAID AMOUNT:
\$3 million

IMPLEMENTING ORGANIZATIONS:
CARE International Zambia, Family
Health Trust, and Family Health
International/IMPACT

PURPOSE

SCOPE works in eight districts to mitigate the impact of HIV/AIDS by strengthening community capacity to address the needs of orphans and other vulnerable children. With technical support and guidance from Family Health International/IMPACT, the project aims to:

- Strengthen district and community committees that address the needs of orphans and vulnerable children;
- Expand the effectiveness and efficiency of local community-based organizations, churches, government ministries, and private sector groups;
- Mobilize, scale up, and strengthen community-led responses and programs; and
- Provide technical assistance to communities and organizations in areas such as HIV prevention, succession planning, community mobilization, and evaluation.

The project works to establish a process of community consultation, involvement, and commitment whereby the local agenda drives the process by providing ongoing assistance for interventions. This multisectoral approach to community mobilization will include an initiative to address household economic security at a community implementation level and small grants to target priority needs of orphans and vulnerable children and their families and to support community efforts to mitigate the impact of HIV.

KEY ACCOMPLISHMENTS

- District committees for orphans and vulnerable children were established in each district;

- Independent fundraising was initiated by district orphans and vulnerable children committees to support district initiatives;
- 28 existing community orphan and vulnerable children committees were established or strengthened;
- Tool kits to accompany a community mobilization manual, a grants management toolkit, and an organization development manual were developed and disseminated;
- Grants to support community household economic initiatives, community schools, community advocacy, and HIV/AIDS awareness were disbursed;
- A head-of-household baseline survey was completed;
- Quarterly forums on topics of importance to address the needs of orphans and vulnerable children were held;
- Lessons learned on interventions for orphans and vulnerable children were disseminated to other stakeholders throughout the country;
- Links with key institutions and persons in each district and community were established; and
- Gaps and overlaps in services to orphans and vulnerable children by district and community committees were identified and reduced.

PRIORITY ACTIVITIES, 2001–2002

- A community-based household economic strategy will be developed (i.e., community managed revolving funds and savings schemes);

- A psychosocial survey to collect data about children and their guardians will be completed;
 - A psychosocial response for orphans and vulnerable children and their caregivers will be developed;
 - Advocacy and lobbying work at district and community levels will be implemented;
 - An education support strategy for orphans and vulnerable children will be implemented; and
 - Linkages between communities and resource support organizations such as the Zambia Social Investment Fund will be developed.
- Psychosocial support;
 - Formation of district and community multisectoral committees at district and community levels;
 - Development of a grant disbursement mechanism;
 - Monitoring and evaluation;
 - General program planning and management;
 - Organization self-assessment;
 - Design and implementation of baseline surveys;
 - Resource identification and mobilization; and
 - Partnership development.

PROJECT MATERIALS AND TOOLS

- Grants management toolkit;
- Head-of-household survey;
- Monitoring and evaluation plan;
- Training guidelines;
- Roles and responsibilities of district orphans and vulnerable children committees;
- Organizational development manual;
- Community mobilization manual;
- Partnership development guidelines; and
- Various reports on stakeholders identification activity reports in the eight districts, minutes from the stakeholders meetings in seven districts, training activity reports, and SCOPE orphans and vulnerable children quarterly workshop reports.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Community mobilization;

CONTACT INFORMATION

CARE/Zambia:

Mary Simasiku (simasiku@carezam.org);

Tenso Kalala (kalala@carezam.org);

and for project materials contact

Sheila Phiri Kasaro (kasaro@carezam.org),

Tel: 260-1-265901-8, Fax 260-1-265060

FHI Health Trust:

Elizabeth Mataka (fht@zamnet.zm)

FHI/IMPACT/Zambia:

Karen Doll Manda (kdoll@zamnet.zm),

Tel/Fax: 260-1-261-501

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org),

Tel: 703-516-9779

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/Zambia:

Karen Shelley (kshelley@usaid.gov),

Robert Clay (rclay@usaid.gov)

Zimbabwe

COUNTRY:
Zimbabwe

USAID FUNDING PERIOD:
March 2001-March 2006

PROJECT:
Linkages for the Economic Advancement
of the Disadvantaged (LEAD)

USAID AMOUNT:
\$12.5 million total project (a portion sup-
ports activities related to orphans and
other vulnerable children)

IMPLEMENTING ORGANIZATIONS:
Development Alternatives, Inc.,
International Capital Corporation,
Aid To Artisans, Vulindlela/ACCION,
Junior Achievement Zimbabwe

PURPOSE

The project uses a range of economic-strengthening interventions to assist vulnerable populations to cope with the economic impacts of HIV/AIDS and other crises (economic and political). LEAD facilitates market opportunities and develops business skills for disadvantaged communities and youth.

- Linking business skills to community-based organizations;
- Linking adolescents and youth to economic opportunities;
- Roles and limits of microfinance in responding to HIV/AIDS; and
- Monitoring the economic effect of interventions on HIV/AIDS.

PRIORITY ACTIVITIES, 2001-2002

- Identify growth markets and link disadvantaged populations to these markets through brokering, training, and service provision.
- Work with microfinance industry in Zimbabwe to better serve clients affected by HIV/AIDS.
- Work with Junior Achievement Zimbabwe (JAZ) to create a business training curriculum for disadvantaged youth at risk of HIV/AIDS.
- Work with community-based organizations involved in AIDS care and support to develop stronger and higher-value income-generating activities through market linkages and skill development.

CONTACT INFORMATION

Development Alternatives, Inc./US:
Joan Parker (joan_parker@dai.com),
Tel: 301-718-8296

Development Alternatives, Inc./Zimbabwe:
Paul Bundick (paul_bundick@dai.com)

USAID/Zimbabwe:
Carl Henn (chenn@usaid.gov),
Peter Halpert (PHalpert@usaid.gov),

USAID/Washington:
Sarah Bishop (sabisshop@usaid.gov)

TECHNICAL ASSISTANCE

- The project can provide expertise for other orphans and vulnerable children projects in the following areas:

COUNTRY:
Zimbabwe

USAID FUNDING PERIOD:
2001-2003

PROJECT:
Capacity Building for Community-Based
Organizations Assisting Orphans and
Vulnerable Children

USAID AMOUNT:
\$2.5 million

IMPLEMENTING ORGANIZATION:
To be determined—October 2001

PURPOSE

This cooperative agreement supports an umbrella program of sub-agreements and/or sub-contracts and technical assistance and training to community-based organizations to strengthen their capacity to deliver and sustain current community efforts to help children affected by AIDS. Sub-agreements and sub-contracts and technical advice and training on best practices will be offered to community-based organizations not currently assisting communities and children affected by AIDS as incentives for them to begin. Networking and technical exchanges to share strategies, best practices, and lessons learned will be supported. Scholarships for school fees and other educational costs will address major constraints faced by children, families, and communities responding to the needs of children affected by AIDS.

The implementing organization will employ the best technical strategies to achieve phase one of the project. Phase one involves identifying the most appropriate mix of technical expertise, training, sub-agreements and sub-contracts to test pilot interventions benefiting children affected by AIDS. Phase one of the program also includes the design and management of a scholarship fund for children affected by AIDS, especially girls at the primary and secondary levels. The implementing organization must emphasize

community management, community participation, and community decisions about scholarship recipients, structure and management of scholarships, and relationships with schools.

PRIORITY ACTIVITIES, 2001–2002

- Begin phase one of a program of assistance to community based organizations; for example, award small sub-agreements and/or sub-contracts and begin technical assistance/training.
- Conduct research (e.g., situation analysis) and develop plan for phase one of the project that will consist of testing pilot interventions for sustainability and adaptability in perhaps eight sites in eight regions.
- Undertake competitive selection process in Zimbabwe to identify a local partner to implement an education scholarship program for children affected by AIDS.
- Initiate scholarship program for children affected by AIDS in tandem with a local partner.

CONTACT INFORMATION

USAID/Zimbabwe:
Peter Halpert (phalpert@usaid.gov),
Carl Henn (chenn@usaid.gov)

COUNTRY:
Zimbabwe

IMPLEMENTING ORGANIZATION:
Pact Zimbabwe

PROJECT:
Nongovernmental Organization
Strengthening Program–Orphan Control
and Care

USAID FUNDING PERIOD:
July 2000–September 2002

USAID AMOUNT:
\$300,000

PURPOSE

The orphan control and care program works to strengthen the capacity of nongovernmental organizations to facilitate and replicate community-driven and sustained programs that integrate effective HIV prevention with care for orphans. Pact is working with nongovernmental organizations to strengthen their capacity to carry out three critical activities:

- Facilitate the development of community-led orphan strategies;
- Support communities to implement these program in the long term; and
- Replicate successful programs within other communities.

Pact will provide training and mentoring to ensure that nongovernmental organizations have overall organizational capacity to manage and administer orphan-related programs with an emphasis on community and resource mobilization. Assistance will also include grants to nongovernmental organizations to supplement and complement the training and mentoring. The grants will ensure expanded coverage and improved quality of orphan care programs.

KEY ACCOMPLISHMENTS

- A partnership was formed between Pact and six nongovernmental organizations that work with orphans due to AIDS in Zimbabwe;
- A network of orphan-focused nongovernmental organizations was formed;
- With extensive partner involvement and participation, an organizational capacity assessment tool was developed, pretested, and applied with all program partners;
- Best practices were shared;
- Nongovernmental organizations have facilitated the establishment of community-based orphan care support initiatives; and

- Through grants, six nongovernmental organizations have supported orphans with school fees and other school requirements.

PRIORITY ACTIVITIES, 2001–2002

- Orphans and vulnerable children psychosocial support training for nongovernmental organization staff and community caregivers continues;
- Life skills and coping mechanisms for orphans in development;
- Skills training for community members to continue promoting self reliance in community-based orphan care and support is ongoing;
- Promising practices from the lessons learned will be documented; and
- Lessons will be shared among nongovernmental organizations through site visits.

PROJECT MATERIALS AND TOOLS

- Handbook on establishing and maintaining orphan care committees; and
- Psychosocial support training guide.

CONTACT INFORMATION

Pact/Zambia:

Willie Salmond, chief of party
(salmondw@pact.org.zw), Tel: 263-4-251-928;
Noreen Huni, program manager, Orphans Project
(noreenhu@pact.org.zw);
Lois Lunga (loislu@pact.org.zw)

Pact/Washington:

Sarina Prabasi (sprabasi@pacthq.org),
Tel: 202-466-5666;
Dan Craun-Selka, director of program operations
(dcs@pacthq.org), Tel: 202-466-5666

USAID/Zimbabwe:

Carl Henn (chenn@usaid.gov),
Peter Halpert (phalpert@usaid.gov)

Pact website: www.pactpub.com

Asia and the Near East



Photo: Pamela Johnson

Cambodia

COUNTRY:
Cambodia

IMPLEMENTING ORGANIZATION:
KHANA, International HIV/AIDS Alliance

PROJECT:
Strengthening Capacity of
Nongovernmental Organizations and
Community-Based Organizations Working
with Communities Affected by HIV to
Respond to the Needs of Highly
Vulnerable Children, Including Orphans.

USAID FUNDING PERIOD:
September 1999-December 2002

USAID AMOUNT:
\$350,000

PURPOSE

The project aims to strengthen the capacity of a national linking organization, KHANA, to mobilize and build the capacity of 35 local nongovernmental organizations and community-based organizations to provide community care and support to 1,000 highly vulnerable children, including orphans affected by HIV/AIDS.

Project objectives include:

- Enhanced local institutional capacity to meet the needs of highly vulnerable children, including orphans;
- Improved quality and access to services for orphans and vulnerable children;
- Expanded community support for orphans and vulnerable children; and
- Increased integration and reduced stigma of orphans and vulnerable children.

As a first step, Alliance worked with KHANA to carry out an assessment of needs and resources among children affected by HIV/AIDS. The assessment, conducted in 2000, included interviews with 900 people, more than half of whom were children. Findings were used to determine short-term and long-term strategies for the project, which include:

- Small grants to nongovernmental organizations to implement child-focused projects;
- Training on improved integration of services for vulnerable children into on-going HIV/AIDS care and support activities and workshops;

- Tailored technical support to organizations working with children; and
- Contributions to developing national strategies for providing care and support to children affected by HIV/AIDS through ongoing consultation with government and other local stakeholders.

KEY ACCOMPLISHMENTS

- Implemented activities in community mobilization, education, health care, food security, psychosocial support, prevention, and indicator development and application;
- Produced and distributed *Children Affected by HIV/AIDS: Appraisal of Needs and Resources in Cambodia*;
- Redesigned projects to include support for orphans and vulnerable children; and
- Continued to integrate care with prevention activities and increase integration of affected families into community support schemes, such as funeral funds and community savings plans.

PRIORITY ACTIVITIES, 2001–2002

- New grants to support child-focused projects for existing and new partners will be distributed by August 2002;
- A workshop on developing strategies to address the needs of street and homeless children will be held by May 2002; and

- The second Cambodian youth camp for vulnerable children will be held by April 2002.

PROJECT MATERIALS AND TOOLS

These reports are available in both English and Khmer versions:

- Evaluation of the joint Ministry of Health/non-governmental organization home care program;
- Appraisal of the needs and resources of children affected by AIDS;
- Appraisal of the informal entertainment sector; and
- Adaptation of "Stepping Stones."

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Sharing the results of the *Children Affected by AIDS* appraisal;

- Integrating prevention and care;
- Providing home care; and
- Strengthening prevention for HIV/AIDS among vulnerable youth.

CONTACT INFORMATION

KHANA:

Pok Panhavichetr (khana@bigpond.com.kh)

Tel: 855-23-211505 Fax: 855-23-214049

International HIV/AIDS Alliance:

Kate Harrison (kaharrison@aidsalliance.org),

Vic Salas (vsalas@aidsalliance.org) Tel: 44-1273-8969

USAID/Washington:

Clif Cortez (ccortez@usaid.gov)

USAID/Cambodia:

Chantha Chak (cchak@usaid.gov)

International HIV/AIDS Alliance website:

www.aidsalliance.org

COUNTRY:
Cambodia

USAID FUNDING PERIOD:
August 1999-June 2002

PROJECT:
HIV Prevention Among Street Children
in Phnom Penh

USAID AMOUNT:
\$256,050

IMPLEMENTING ORGANIZATIONS:
Mith Samlanh-FRIENDS and Family
Health International/IMPACT Cambodia

PURPOSE

Mith Samlanh-FRIENDS works with street children in urban Phnom Penh, offering a series of interlinked programs that include outreach, a transitional home, a boarding house for older street children, a training center, an educational center, a family reintegration program, a drug awareness program, a community outreach program, a project for incarcerated children, and a child rights project.

Family Health International/IMPACT funds Mith Samlanh-FRIENDS to incorporate awareness and prevention of HIV/AIDS and sexually transmitted infections, including outreach education, safer sex negotiation skills building (for example, skills in negoti-

ating condom use), symptom recognition of sexually transmitted infections, promotion of treatment-seeking behavior, and the building of self-esteem. Mith Samlanh-FRIENDS also assists street children and their family members at risk for HIV to reduce their vulnerability to HIV transmission by adopting safer sex behaviors. The project focuses on empowerment of street children and youth, and involvement of street children and youth in project development and implementation.

KEY ACCOMPLISHMENTS

- Services were provided to 1,000 children per day;
- A peer educator network was established among young people who either live on the streets, spend

much of their time on the streets, or are considered at risk of doing so;

- A newsletter written by and for street children was produced; and
- Street children were involved in the development of information, education, and communications materials.

PRIORITY ACTIVITIES, 2001–2002

- Maintain and improve social, educational, and health services for children;
- Increase the reach and quality of the peer education network; and
- Develop information, education, and communications materials.

PROJECT MATERIALS AND TOOLS

- Output and outcome indicators

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Information, education, and communications materials development;

- Child counseling;
- Monitoring and evaluation; and
- Management and communication.

CONTACT INFORMATION

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779

FHI/IMPACT/Cambodia:

Prang Chanthy, CAA Officer, (pchanthy@fhi.org.kh)

Tel: 855-12-916247

FHI/IMPACT/Regional:

Joan MacNeil (j.macneil@cgia.org)

FRIENDS:

Sebastien Marot (friends@forum.org.kh)

Tel: 855-12-802155

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/Cambodia:

Chantha Chak (cchak@usaid.gov)

COUNTRY:
Cambodia

PROJECT:
Homeland-Battambang

IMPLEMENTING ORGANIZATIONS:
Homeland, Family Health
International/IMPACT Cambodia

USAID FUNDING PERIOD:
February–September 2001 (extension
currently being considered)

USAID AMOUNT:
\$21,703

PURPOSE

Homeland works to improve the quality of life of children orphaned by the chronic illness of their parents, including AIDS, and to strengthen community mechanisms for care and support of orphans, including fostering.

KEY ACCOMPLISHMENTS

The project is in the start-up phase, however, staff have participated in a network of governmental and nongovernmental organizations that support community care for children affected by chronic illness in Battambang and other regions of Cambodia.

- The staff's capacity to support the project has increased;
- Prejudice and discrimination against people with chronic illness, including AIDS, has decreased through raising awareness on chronic illness, HIV/AIDS, its impact on the community and specifically on children, and how children affected by AIDS can be assisted;
- The basic needs of orphaned children are being met through the provision of basic services and promotion of foster parenting;

- Natural coping mechanisms of the community have been assessed with regard to care of orphans; and
- The coping capacity of foster families has been strengthened through income-generation schemes.

PRIORITY ACTIVITIES, 2001–2002

- Strengthen the coping capacity (economic and psychosocial support) of fostered families to care for children;
- Increase the staff's capacity to support all aspects of the project to ensure the long-term sustainability of the project; and
- Meet the basic needs of orphaned children through service provision and the establishment of foster parenting.

PROJECT MATERIALS AND TOOLS

- Report on legal project for fostering; and
- Children's case studies.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Monitoring and evaluation;

- Counseling training;
- Information, education, and communication material development; and
- Management.

CONTACT INFORMATION

FHI/IMPACT/Virginia:
Sara Bowsky (sbowsky@fhi.org)
Tel: 703-516-9779

FHI/IMPACT/Cambodia:
Prang Chanthy, CAA Officer (pchanthy@fhi.org.kh)
Tel: 855-12-916247

FHI/IMPACT/Regional:
Joan MacNeil (j.macneil@cgiar.org)

Homeland:
Mao Lang, Homeland Director (mpkbtb@camintel.com)
Tel: 855-12-881784 or 952911

USAID/Washington:
Alan Getson (agetson@usaid.gov)

USAID/Cambodia:
Chantha Chak (cchak@usaid.gov)

COUNTRY:
Cambodia

USAID FUNDING PERIOD:
May 2000–September 2002

PROJECT:
Kien Kes-Battambang

USAID AMOUNT:
\$9,042

IMPLEMENTING ORGANIZATIONS:
Kien Kes, Family Health
International/IMPACT Cambodia

PURPOSE

The project aims to ensure that children and their family members who are affected by chronic illness, including AIDS, receive assistance and support from the community in which they live, and that the community does not discriminate against people living with HIV/AIDS. Specifically, the project:

- Improves the quality of life of children and families in the community (many of whom are soldiers) who are ill due to AIDS or have had family members die of AIDS;

- Develops community-based responses to the burden of AIDS, building on notions of mutual respect and solidarity, compassion, and nondiscrimination;
- Initiates and facilitates cooperation among the military, monks, and people living with AIDS for the care of children affected by chronic illness and their families;
- Develops, documents, and disseminates a model for cooperation among people living with AIDS, the military, and monks that can be replicated elsewhere and on a larger scale;

- Increases staff and volunteer capacity to support all aspects of the project to ensure long-term sustainability of the project; and
- Establishes and participates in a network of government and nongovernmental organizations supporting community care for children affected by AIDS in Battambang and Cambodia.

KEY ACCOMPLISHMENTS

- Developed a coping mechanism for children affected by AIDS with the involvement of the military, monks, the community, and authorities;
- Promoted better compassion for children affected by AIDS in the community;
- Trained staff and volunteers in HIV/AIDS and related counseling;
- Encouraged children to stay in school;
- Completed a situation analysis and needs assessment;
- Visited and provided consultations for children affected by AIDS and their families;
- Selected volunteers to educate the community;
- Established links with other HIV/AIDS activities in the provinces and districts; and
- Found extended and foster families for orphans.

PRIORITY ACTIVITIES, 2001

- Support existing and emerging community-based coping mechanisms for children affected by AIDS;
- Enhance training for staff and volunteers, especially counseling skills;
- Meet the mental health needs of children affected by AIDS; and

- Implement a home-based care training curriculum.

PROJECT MATERIALS AND TOOLS

- Home-based care training curriculum; and
- Advisory group notes.

TECHNICAL ASSISTANCE

- The project can provide expertise for other orphans and vulnerable children projects in the following areas:
 - Linking care to prevention;
 - Community mobilization;
 - Providing training for partners in HIV/AIDS and sexually transmitted infections; and
 - Monitoring and evaluation.

CONTACT INFORMATION

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779

FHI/IMPACT/Cambodia:

Prang Chanthy, CAA Officer,

(pchanthy@fhi.org.kh)

Tel: 855-12-916247

FHI/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/Cambodia:

Chantha Chak (cchak@usaid.gov)

COUNTRY:
Cambodia

USAID FUNDING PERIOD:
May 2000-September 2002

PROJECT:
Nyemo II Counseling Center for HIV-
Positive Women and their Children

USAID AMOUNT:
\$178,968

IMPLEMENTING ORGANIZATIONS:
Nyemo, Family Health
International/IMPACT Cambodia

PURPOSE

The Nyemo Center serves as a safety net for families headed by HIV-positive women and other vulnerable women who are themselves separated from their extended families. The project works to reduce stigma and increase community responsibility for the welfare of these women and their children. Project beneficiaries have better access to health care facilities and psychosocial support services, and are encouraged to practice self-care. Other services being offered include food, clothes, and child care and kindergarten. Orphaned children are placed in extended care or with foster families. Women are referred to the Nyemo Center by organizations that work with poor communities, sex workers, and street children. Women can participate in sessions on health education, hygiene, vocational training, HIV/AIDS and sexually transmitted infections, literacy, numeracy, and group discussions. Since the project's beginning, 600 beneficiaries have received referrals to public sector and nongovernmental organization services for psychosocial and medical care, including voluntary counseling and testing and home care. A short-term shelter is available for some beneficiaries (up to 15 beds) in a crisis situation. The Nyemo Center is working with government ministries and other nongovernmental organizations to develop a network of foster mothers for children orphaned due to AIDS.

KEY ACCOMPLISHMENTS

- 800 mothers and their children are being served each month.

PRIORITY ACTIVITIES, 2001–2002

- Improve counseling skills of staff for children affected by AIDS, especially orphans; and
- Maintain and improve services for children affected by AIDS and their mothers.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Monitoring and evaluation;
- Counseling;
- Community development; and
- Women's and children's empowerment.

CONTACT INFORMATION

FHI/IMPACT/Virginia:
Sara Bowsky (sbowsky@fhi.org)
Tel: 703-516-9779

Nyemo:
Simone Herault (nyemo@camnet.com.kh)
Tel: 855-12-814834

FHI/IMPACT/Cambodia:
Prang Chanthay, CAA Officer, (pchanthy@fhi.org.kh)
Tel: 855-12-916247

FHI/IMPACT/Regional
Joan MacNeil (j.macneil@cgiar.org)

USAID/Washington:
Alan Getson (agetson@usaid.gov)

USAID/Cambodia:
Chantha Chak (cchak@usaid.gov)

COUNTRY:
Cambodia

USAID FUNDING PERIOD:
February–December 2001

PROJECT:
CARE Koh Kong

USAID AMOUNT:
\$43,000

IMPLEMENTING ORGANIZATIONS:
CARE/ Family Health
International/IMPACT Cambodia

PURPOSE

The purpose of this project is to reduce the incidence of HIV/AIDS in Koh Kong by increasing negotiation skills and safe sex practices among vulnerable children and adolescents; and to improve the physical and emotional well-being of vulnerable children, including those affected by AIDS, through the provision of integrated prevention, care and support services. Specifically the project aims to:

- Develop a life skills and HIV/AIDS/STI prevention program for vulnerable children and adolescents in the target community;
- Provide care, support, and prevention services to vulnerable children and adolescents through one staff and five youth volunteers; and
- Increase capacity of community to better identify and care for vulnerable children.

As part of the start-up phase the project will:

- Develop a community advisory group to guide and monitor activities;
- Train staff and partners in HIV-related counseling;
- Conduct knowledge, attitude and practices quantitative baseline on HIV/AIDS prevention, care and support;
- Implement participatory learning and action strategies to identify priority unmet rights/needs of vulnerable children and adolescents in Koh Kong area;
- Coordinate community mapping/identification of vulnerable children; and
- Establish strong links between home care services, and support to orphans and vulnerable children.

PRIORITY ACTIVITIES, 2001

- Support community mobilization processes to expand support for vulnerable children within village structures;

- Establish appropriate life skills curriculum and training for vulnerable youth in Koh Kong; and
- Identify mechanisms for building-up safety nets for vulnerable children living outside a community structure.

PROJECT MATERIALS AND TOOLS

- Output and outcome indicators;
- Home-based care structure and kit contents; and
- Orphans and vulnerable children, knowledge, attitude and practices, and Participatory Learning and Action (PLA) methodology and results.

TECHNICAL ASSISTANCE

The project can provide guidance in the following areas:

- Linking care to prevention;
- Engaging the community; and
- PLA-based needs assessments.

CONTACT INFORMATION

FHI/IMPACT/Virginia:
Sara Bowsky (sbowsky@fhi.org)
Tel: (703)-516-9779

FHI/IMPACT/Cambodia:
Prang Chanthay, CAA Officer, (pchanthy@fhi.org.kh)
Tel: +855-12-916247

FHI/IMPACT/Regional:
Joan MacNeil (j.macneil@cgiar.org)

CARE Cambodia:
(carehiv.aids@bigpond.com.kh)

USAID/Washington:
Alan Getson (agetson@usaid.gov)

USAID/Cambodia:
Chantha Chak (cchak@usaid.gov)

India

COUNTRY:
India

USAID FUNDING PERIOD:
March 2000-December 2001

PROJECT:
Support for HIV/AIDS-Infected, Affected
Children, and Children Vulnerable to AIDS

USAID AMOUNT:
\$50,168

IMPLEMENTING ORGANIZATIONS:
Community Health and Education
Society (CHES)/ Family Health
International/IMPACT

PURPOSE

The project aims to mitigate the impact of HIV/AIDS among children who have been orphaned or abandoned by providing a safe, loving, and nurturing environment. CHES runs a shelter that provides food, health care, and education to 37 children infected and affected by AIDS. The project also supports a system of home-based care that includes regular home visits by outreach workers and counselors who educate people living with HIV/AIDS about the disease, offer counseling and simple medical aid at home, and refer those who need intense medical care to medical centers. A training module for caregivers of HIV-infected children has been developed and this has been used to train the staffs of 16 organizations. The project builds on existing CHES networks, which consist of hospitals and support institutions for HIV-affected persons.

KEY ACCOMPLISHMENTS

- 37 children at the shelter receive care and support in the form of shelter, food, clothing, education, and counseling, in addition to medical care in the form of management of opportunistic infections and nutritional advice;
- At least 121 children born to parents infected with HIV are followed at the community level. They receive support in the form of clothing, counseling, and continual medical care; and

- 18 community organizations and seven representatives from different governmental agencies have received training for caregivers to children affected or infected by HIV/AIDS, in addition to seven mothers who belong to a group of people living with HIV/AIDS.

PRIORITY ACTIVITIES, 2001

- Training for caregivers to vulnerable children and children who are infected and affected by HIV/AIDS will be strengthened;
- At least 12 other organizations and orphanages will be encouraged to provide low-cost care indirectly to another 2,000 children;
- At least 100 children who are vulnerable to HIV/AIDS will be reached through offers of health care and lifestyle education;
- Community-based HIV care will be strengthened in order to reach 200 children who are affected or infected with HIV;
- The present shelter home will be developed as a demonstration center so that many organizations can benefit from this model; and
- New networks will be expanded and existing networks between nongovernmental organizations and governmental agencies will be strengthened through the establishment of new counseling centers, improved counseling skills, and by offering quality care.

PROJECT MATERIALS AND TOOLS

- *Nurtured Hope*: a training module for caregivers on care of children infected, affected, and vulnerable to AIDS, and a training module for doctors on providing basic care to children infected, affected by, and vulnerable to AIDS;
- "Our Daily Activities at CHES Ashram": a 20-minute compact disk;
- Annual report for 2000;
- Drawings by children at shelter homes; and
- Case studies of children supported by the project.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Training for caregivers on care of children infected, affected by, and vulnerable to AIDS;
- Training for medical practitioners on care of children infected, affected by, and vulnerable to AIDS; and

- Home-based care.

CONTACT INFORMATION

CHES:

Dr. Manorama Pingapany (pmanorama@yahoo.com)
and Tamil Nadu Chennai
Tel: 91-44-472-6655, ches_cheschennai@yahoo.com

FHI/IMPACT/India:

Dr. Rajani Ved, (fhiimpact@vsnl.net),
Tel: 91-11-6291979

FHI/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)
Tel: 703-516-9779

USAID/Washington:

Alan Geston (agetson@usaid.gov)

USAID/India:

Beth Anne Moscov (bmoscov@usaid.gov)

COUNTRY:

India

USAID FUNDING PERIOD:

April 2000-December 2001

PROJECT:

Night Care Centers for Children
of Prostitutes

USAID AMOUNT:

\$62,065

IMPLEMENTING ORGANIZATIONS:

PRERANA/Family Health
International/IMPACT

PURPOSE

The project aims to protect children in Falkland Rd. Mumbai and Turbhe-Vashi (Navi Mumbai) townships who are vulnerable to HIV and in physical danger. The project populations include children of HIV-positive mothers, children orphaned due to AIDS, and children of prostitutes. Project objectives include:

- Removing children of female prostitutes from brothels (but not from their mothers);
- Operating night care centers for children affected by HIV/AIDS;

- Eliminating second-generation trafficking in prostitution;
- Increasing human, civil, and health rights awareness among prostitutes;
- Creating self-help groups of victims of commercial sex exploitation and helping them to network with other groups;
- Ensuring the educational rights of children through maximum school enrollment; and
- Establishing self-help networks of children and linking them with other networks of children.

The night care centers offer food, health checkups, psychosocial support, and recreational opportunities. School-aged children attending the centers are assisted with enrolling in boarding schools or institutions of vocational training.

KEY ACCOMPLISHMENTS

- Active involvement of mothers in the development of their children; and
- 186 children receive preschool education, recreation, nutrition, night shelter, medical checkups, and assistance with mainstreaming into regular school.

PRIORITY ACTIVITIES, 2001

- A shelter for women and children in red-light districts will be set up;
- The active involvement of mothers in the development of their children will be promoted;
- Self-esteem among children is being enhanced;
- Sustainable protective mechanisms for children will be developed;
- A sustained resource base for educational and vocational development of these children will be created and strengthened;
- A nutrition program for HIV-positive mothers and self-help group of HIV-positive women (mothers) will be developed in Turbhe;
- Care for HIV-affected children will be provided; and
- Women's and children's collectives will be consolidated.

PROJECT MATERIALS AND TOOLS

- Case studies;
- Story lines of mothers;
- Books of success stories;
- Manual on establishing and running night care centers for children in red light districts;
- Manual on running educational development programs for children in red light districts;

- Manual on managing institutional placement programs for children in red light districts;
- Manual on child rights and child protection for children in red light districts; and
- "Frequently Asked Questions" on care for HIV-affected children.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Concept development and project evolution;
- Consultancy in setting up and developing field projects;
- On-the-job, in-service, and preservice training;
- Consultancy in research and documentation;
- Networking and consultancy in networking;
- Development of victim care program modules;
- Training in working with state agencies; and
- Orientation on interface between field programs and legal framework.

CONTACT INFORMATION

PRERANA:

Priti Patkar (pppatkar@giasbm01.vsnl.net.in)

FHI/IMPACT/India:

Dr. Rajani R. Ved (fhiimpact@vsnl.net),
Tel: 91-11-6291979,

FHI/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)
Tel: 703-516-9779

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/India:

Beth Anne Moskov (bmoskov@usaid.gov)

COUNTRY:
India

USAID FUNDING PERIOD:
December 1999-December 2001

PROJECT:
Shelters and Crisis Intervention
Center for Vulnerable Children and
Their Mothers

USAID AMOUNT:
\$85,924

IMPLEMENTING ORGANIZATIONS:
Committed Communities Development
Trust/Family Health International/IMPACT

PURPOSE

The project aims to provide comprehensive care to vulnerable children and their mothers via night shelters, day care centers, and crisis intervention centers. The overall project goal is to protect and nurture children in vulnerable situations to grow into healthy and contributing members of society. There are three project components:

- A temporary night shelter, Kishori Vatika, for girls aged 6–14, which creates a supportive environment for girls in the red light district and provides a continuum of care via foster mothers to address their physical, emotional, educational, medical, and recreational needs. Shelter activities include vocational training, prevention education, counseling on sexual abuse, and networking with other organizations.
- A crisis intervention center that offers short-term and long-term comprehensive care. The center provides a safe haven for children and their HIV-infected mothers. Services offered include: psychosocial, medical, nutritional, and spiritual support; vocational training, assisting with a comprehensive care plan for the children, ensuring maintenance of family bonds, and training for staff of existing child care support organizations. The center also engages in advocacy and networking.
- A daycare center that helps younger children living in prostitute settlements via a range of services including education, health, nutrition, referrals, vocational training, support groups for mothers, assisting with reducing child sexual abuse and exploitation, and networking for advocacy purposes.

KEY ACCOMPLISHMENTS

- In 2001, 12 girls were enrolled in school with the active involvement of their mothers.
- The center has played an important role in preventing girls from entering the sex trade.
- Networking with other organizations has increased through constant communication and referrals.
- A policy paper was formulated by Committed Communities Development Trust on the rights of children infected and affected by HIV/AIDS, and was presented to the government of Maharashtra.

PRIORITY ACTIVITIES, 2001

- A non-formal education module that incorporates specific topics of interest to women will be developed;
- Vocational training for children will be promoted;
- An export program for articles made by women will be facilitated;
- A best practices model for comprehensive care and support program in an urban setting will be developed;
- Women's self-help groups will be formed; and
- Advocacy for the rights of vulnerable children will be promoted.

PROJECT MATERIALS AND TOOLS

- Training kit on sexuality health;
- Module for training in sexuality;
- Module on children's right to participation;
- Guidelines for counseling of girls in the special juvenile home;

- Information, education, and communication material on HIV/AIDS (posters, pamphlets, brochures and booklets);
- Books and reports collected for the documentation center on HIV/AIDS;
- Rough draft of a book on home-based care;
- Child care manual;
- Memory book for children prepared by their mothers;
- Art and crafts made by the children;
- Counseling guidelines for women;
- Nutrition chart; and
- Survey forms.

TECHNICAL ASSISTANCE

- The project can provide expertise for other orphans and vulnerable children projects in the following areas:
- Needs assessment for children in vulnerable situations and organizations concerned with child care;
- Training of child care workers;
- Monitoring and evaluating programs of children at risk;

- Training of community workers/volunteers; and
- Development of communication material and operations research.

CONTACT INFORMATION

CCD Trust:

Kamini Kapadia and Sarita Shankaran
(ccdtrust@bom5.vsn1.com)

Tel: 91-022-6443345, 91-022-6513908

FHI/IMPACT/India:

Dr. Rajani Ved (fhiimpact@vsnl.net)
Tel: 91-11-6291979

FHI/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)
Tel: 703-516-9779

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/India:

Beth Anne Moskov (bmoskov@usaid.gov)

COUNTRY:
India

USAID FUNDING PERIOD:
March 2000-December 2001

PROJECT:
Children Affected by AIDS Project

USAID AMOUNT:
\$ 94,218

IMPLEMENTING ORGANIZATION:
Project Concern International/Family
Health International/IMPACT

PURPOSE

The project aims to improve opportunities for street and working children by providing a continuum of integrated services that ultimately reduce their vulnerability to HIV/AIDS. During the grant period, the goal is to serve 1,400 street and working children.

Disadvantaged, exploited, and abused children receive services that enhance their self-esteem, safety, health, and livelihood. Three drop-in centers provide services

in three areas near Delhi that are adjacent to railway stations, bus stations, and slum settlements where street and rag-picking children gather. The drop-in centers offer facilities for education, entertainment, health, counseling, recreation, microsavings, and vocational training. A shelter home for street children opened in September 2000, where children are also provided with food, accommodation, and clothing, and participate in income-generating activities.

The process of reintegration of street children with their families has also been initiated as a rehabilitative option. This process is carried out with the consent of the affected children.

KEY ACCOMPLISHMENTS

- 843 children (160 girls) were contacted and encouraged to use services;
- 612 children were treated for general ailments;
- 72 boys and 39 girls were immunized for typhoid and hepatitis B;
- A monthly tuberculosis camp was held at two drop-in-centers (presently five patients receive free medicine);
- 4 dental camps were organized and 339 children were served;
- 56 children were counseled for sexually transmitted infections, sexual health, and HIV/AIDS;
- 75 peer educators were identified and trained in HIV/AIDS and sexually transmitted infection prevention outreach, from among the children and communities at intervention areas;
- 2 street theater groups were formed by children and performances were routinely held for the community;
- 57 children were admitted to a shelter home;
- 25–30 children received nonformal education daily at each drop-in-center;
- 27 children were enrolled for formal education in government schools; and
- 4 street children were reunited with families.

PRIORITY ACTIVITIES, 2001

- Provide temporary housing for vulnerable girls;
- Reunite willing children with their families;
- Provide more economic strengthening activities;
- Feed children at drop-in centers;
- Improve prevention of drug use and abuse; and
- Evaluate progress

PROJECT MATERIALS AND TOOLS

- Daily reporting format for outreach worker/nonformal educator;

- Needs assessment survey format;
- Focus group discussion format;
- Psychosocial counseling format;
- Sexually transmitted infection/sexual counseling format;
- Child patient record;
- Personal profile format of the children accessing drop-in centers;
- Weekly report form for outreach staff/nonformal educators; and
- Peer educators reporting format.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- HIV/AIDS prevention for street youth;
- Economic support services for street youth; and
- Social welfare services for street youth.

CONTACT INFORMATION

Project Concern International:

Rajesh Ranjan Singh (rajesh@pciindia.org)

Tel: 91-11-464-1623/24

Karen Romano (kromano@projectconcern.org)

Tel: 858-279-9690

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9979

FHI/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/India:

Beth Anne Moskov (bmokov@usaid.gov)

Project Concern International website:

www.projectconcern.org

COUNTRY:
India

USAID FUNDING PERIOD:
August 1999-June 2002

PROJECT:
HIV/AIDS Prevention for Street
and Slum Children in Delhi

USAID AMOUNT:
\$104,728

IMPLEMENTING ORGANIZATIONS:
Salaam Baalak Trust/Family Health
International/IMPACT

PURPOSE

The project works to reduce the risk of HIV/AIDS exposure and infection among street children and slum dwellers, especially girls, through four strategies:

- The girls' program, which provides a 24-hour shelter for girls aged 2–14, vocational and rehabilitation training, and outreach network of peers, social workers, and community health workers.
- Peer educators, who promote healthy sexual decision-making and behavior change among street children residing in train stations and urban slums through formal training and outreach.
- An information, education, and communication campaign, which develops materials for peer educators, social workers, and shelter staff to support delivery of HIV/AIDS prevention messages geared towards street and abandoned children.
- A network of community health workers, which promotes safe and adequate health care coverage for street and abandoned children that includes referrals to health facilities and HIV/AIDS education.

The project provides basic literacy training and facilities for further study, counseling and health services, vocational training, reunification with family members, income generation and job placement, boarding facilities, and recreation and games. Advocacy on child rights is conducted with different sections of society including police officials.

KEY ACCOMPLISHMENTS

For the period August 1999–June 2001:

- 120 girls have used the girls' shelter;

- 90 girls have been reunited with their families both in Delhi and outside Delhi;
- 18 girls have undertaken vocational training and one older girl has been placed in a job;
- 120 girls have had medical examinations, and 10 girls are being treated for various ailments including tuberculosis and poliomyelitis;
- 30 girls are receiving education; 22 girls are presently studying in local schools and eight girls are receiving nonformal education;
- 15 peer educators have been trained, five of whom are working at the various contact points around the railway station;
- Approximately 5,000 street children at the railway station have received information with regard to life-skills education; health; sex and sexuality; and prevention of drug abuse, sexually transmitted infections, and HIV/AIDS;
- Approximately 500 children have received interpersonal counseling;
- A socioeconomic survey of street children was conducted, which gave important information on the social and economic background of the children at the railway station;
- A participatory assessment of street children and other stakeholders was conducted, which provided crucial information of the sexual and risk-taking behavior of the children at and around the railway station; and
- 2 community workers trained in providing health information are working in the slum community and providing linkages to local hospitals.

PRIORITY ACTIVITIES, 2001–2002

- A communications strategy for increasing awareness of HIV among street children will be developed, including a child-friendly life skills curriculum, and use of traditional media, including puppets and street theatre;
- Peer education programs at the various contact points and shelters around the station will be developed; 16 more peer educators will be recruited and trained;
- 3 community health workers at the contact points will be recruited and trained; and
- The girls' shelter project will be strengthened with increased emphasis on open-school education/non-formal education, an increased range of vocational training courses, and improved reunification and followup.

PROJECT MATERIALS AND TOOLS

- Guidelines on innovative program design and management for HIV prevention among street and working children, especially street girls;
- Documentation of socioeconomic and behavioral patterns of street and working children;
- Guidelines established by the project on voluntary counseling and testing;
- Peer education guidelines; and
- Strategies for increasing participation by children in HIV prevention program.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Training of social workers and peer educators in HIV/AIDS-related issues;
- Training of program managers in HIV prevention for street and working children;
- Linking care and prevention in HIV programs with street children;
- Running a peer education program for street children; and
- Arranging site visits and on-site training for workers from other orphans and vulnerable children projects.

CONTACT INFORMATION

Salaam Baalak Trust:

Dr. Bitra George,
2nd Floor, DDA Community Centre,
Chandiwalli gali, Paharganj, New Delhi-110054
(bitra_george@vsnl.net or salaambt@vsnl.com)

FHI/IMPACT/India:

Dr. Rajani Ved, (fhiimpact@vsnl.net)
Tel: 91-11-6291979

FHI/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)
Tel: 703-516-9779

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/India:

Beth Anne Moskov (bmoskov@usaid.gov)

COUNTRY:
India

USAID FUNDING PERIOD:
April 2000-December 2001

PROJECT:
Assisting Children Affected by HIV/AIDS

USAID AMOUNT:
\$43,508

IMPLEMENTING ORGANIZATIONS:
Society for Development Research and
Training/Family Health International-
IMPACT

PURPOSE

The project aims to assist children of prostitutes, HIV-infected children, and children of HIV-infected parents in the Pondicherry and Chidambaram/Cuddalore districts. The project intends to reach these children through existing interventions with prostitutes, truck drivers, village community members, and clients seeking counseling services at clinics that treat people with sexually transmitted infections. The Society for Development Research and Training has developed linkages with other community-based organizations, children's homes, and orphanages to provide assistance for access to care for HIV-infected and -affected children.

Project objectives include:

- Reducing vulnerability of children to HIV infection and protecting them against abuse and neglect;
- Creating an environment conducive to advancing children's rights; and
- Building and strengthening community linkages among individuals, families, organizations, and the state to mitigate hardships faced by children affected by AIDS.

To achieve these objectives, three interventions are being implemented:

- The Center for Children advocates and provides support in health care, education, vocational training, nutrition supplements, foster care, and psychosocial support. Counseling, tutoring, recreational activities and health education also are offered.
- Training, support, and assistance are offered to those interested in providing foster care, including relatives/friends/caregivers of children whose par-

ents have died from AIDS. Linkages are facilitated for schooling, nutrition, medical care, and vocational training.

- A state-run day care center in Balwady is being strengthened. Support and training are offered to the center's teacher and teaching assistant, as well as educational material, toys, and food for the children. A child care worker is available to assist the center's staff. The project is also creating demand for the center's services by motivating mothers to send their preschool children to the center.

KEY ACCOMPLISHMENTS

- 264 children received medical care, psychosocial support, nutritional supplement, and educational and vocational support;
- 372 households with orphans and vulnerable children received medical care and psychosocial support;
- 70 children were enrolled in the schools by the end of the project;
- 20 drop-out children were given nonformal training;
- 15 children were given vocational training per year during the project;
- 50 preschool children attended Balwady center;
- 20 foster mothers were trained during the project period; and
- Ongoing communications/networking with government representatives, child welfare agencies, and private sector on HIV/AIDS issues.

PRIORITY ACTIVITIES, 2001

- Child care center activities will continue,
- A forum for children will be formed;
- Activities will continue with related schools (Balwady); and
- A halfway home for the children will provide an enabling environment for them.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- HIV/AIDS-related issues;
- Issues and problem of sex workers and their children;
- Influence of a country's economy on prostitution;
- Linking care and prevention;
- Home-based care; and
- Child psychology.

CONTACT INFORMATION

SFDRT:

Shyamala Ashok (sfdrt@satyam.net.in)

Tel: 0413-220058, 349284

FHI/IMPACT/India:

Dr. Rajani Ved (fhiimpact@vsnl.net)

Tel: 91-11-6291979

FHI/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/India:

Beth Anne Moscov (bmoscov@usaid.gov)

Indonesia

COUNTRY:
Indonesia

USAID FUNDING PERIOD:
August 2000-July 2003

PROJECT:
Facing a Lost Generation/Urban Street
Children Empowerment and Support
program

USAID AMOUNT:
\$3 million

IMPLEMENTING ORGANIZATIONS:
Save the Children/U.S., with counterparts
from Ministry of Women's Empowerment,
Child Protection Agencies, Partner
Nongovernmental Organizations in
Impact Areas Working with Street
Children

PURPOSE

The Urban Street Children Empowerment and Support program seeks to expand, strengthen, and mobilize local responses to meet the special health, behavioral, educational, legal, and social needs of girls and boys living and working on the street. The program will award subgrants to local nongovernmental organizations in Jakarta, Surabaya, Bandung, and Medan.

Objectives of the initiative are to:

- Enhance the capacity of nongovernmental organizations to deliver assistance to street children;
- Improve the health status of street children and improve access to and use of health services;
- Address the special needs of girl street children; and
- Develop alternatives to living on the street.

Nongovernmental organizations are supporting the psychosocial development of street children through activities to build competencies, improve self-esteem, and raise educational levels. Health prevention programs are covering nutrition, hygiene, smoking, alcohol and drug use, and sexual health, including AIDS. Access to existing health services is being facilitated. Activities to develop alternatives to living on the street include formal and non-formal education, vocational

and financial management training, and creative and leisure programs.

A major focus of program partnerships is adult skills in understanding and supporting street children. The program is supporting the expansion of initiatives for girls, with a strong focus on preventing sexual exploitation and initiatives to address violence and services for girls working in the sex industry.

The program aims to increase the capacity of nongovernmental organizations by offering technical assistance in finance, management, strategic planning, human resources, and resource mobilization. Programmatic capacity is being assessed and innovations are being supported in community participation, developing economic opportunities, and understanding child development.

Finally, the program is addressing the enabling environment in which nongovernmental organizations work through advocacy and policy initiatives at the national and provincial levels and supported through child protection agencies and government partners. The program is also supporting the development of experience-based advocacy by facilitating communication among nongovernmental organizations, child protection agencies, and government.

KEY ACCOMPLISHMENTS

The program developed a broad range of indicators related to program result areas, both in terms of effect on street children (through a baseline and endline survey) as well as in terms of nongovernmental organization capacity (measured through collection of qualitative data over the life of the program). The program has the following measurable outcome indicators as part of the strategic objective grant agreement between USAID/Indonesia and the government of Indonesia:

- The number of new governmental or nongovernmental initiatives influencing local policy on street children was increased. The provisional target is to implement at least two new initiatives in each impact area annually.
- Access to tetanus toxoid immunizations among street children will be improved. The provisional target is at least 10 percent coverage among street children aged 12 and older.
- Adult support for street children will be increased. The provisional target is an increase of 25 percent in the number of children who report having an adult who they can trust to discuss their problems.
- Improve condom use. The provisional target is an increase of 10 percent in reported condom use at last sex.

PRIORITY ACTIVITIES, 2001–2002

- Subgrant funds and technical support provided to 35 to 40 nongovernmental organizations in Bandung, Jakarta, Medan, and Surabaya to work with street children to provide health care, alternatives to living on the street, and meeting the special needs of girls;
- Technical support provided to improve institutional capacity and support programmatic innovations to nongovernmental organization partners;

- Funds and technical support to provincial child protection agencies provided to undertake field-based advocacy for provincial-level government responses to street children issues; and
- National-level stakeholders engaged in a process to develop a longer-term strategy and response to street children.

PROJECT MATERIALS AND TOOLS

- Outcome indicators and monitoring and evaluation design; and
- Profiles of nongovernmental organizations implementing partners.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Community mobilization;
- Monitoring and evaluation of psychosocial program outcomes; and
- Innovations in reaching street children.

CONTACT INFORMATION

Save the Children/US:

Neil Boothby, Children in Crisis Unit Director
(nboothby@dc.savechildren.org)

Save/Indonesia:

Golda El Khoury, Indonesia Field Office Director
(gkhoury@savechildren.or.id)

Laurel MacLaren, Urban Street Children Program Director
(lmaclaren@savechildren.or.id)

USAID/Washington:

Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/Indonesia:

Joy Pollock (jpollock@usaid.gov)

Europe and Eurasia



Photo: © Don Watkins

Romania

COUNTRY:
Romania

USAID FUNDING PERIOD:
March 2001-March 2002

PROJECT:
Baylor International Pediatric Aids
Initiative (BIPAI)

USAID AMOUNT:
\$125,000

IMPLEMENTING ORGANIZATION:
Texas Children's Hospital of the Baylor
College of Medicine via World Learning

PURPOSE

The purpose of this grant is to enable Baylor College to partner with Asociatia Speranta, a Romanian non-governmental organization, to bring state-of-the-art comprehensive care and treatment to HIV-infected children. The model program will establish the Centrul de Copii Romano-American (Romanian American Children's Center) and build capacity both in Romania and within the United States for HIV care, treatment, education, and clinical research. Romanian, Eastern European, and American health professionals will train side-by-side in the latest HIV management and clinical research techniques. The Center will eventually enable Romanian staff to outreach to other institutions for purposes of enhancing care and services for children across Romania.

KEY ACCOMPLISHMENTS

- In September 1999, Baylor established an international core laboratory in Bucharest at the Stefan S. Nicolau Institute of Virology. This laboratory provides state-of-the-art testing for diagnosis and monitoring of pediatric HIV infection.
- The Romanian-American Children's Center opened on April 6, 2001, after extensive renovation of a building donated by the Constanta Municipal Hospital.
- All existing and new center staff have received basic training in HIV care and treatment using an adaptation of Baylor's comprehensive HIV/AIDS nursing curriculum.

- 6 Romanian physicians have received short-term HIV/AIDS training in the United States at Baylor College.
- 10 United States senior pediatric residents have completed short-term HIV/AIDS training experiences in Romania.
- Oral health of HIV-infected children in Constanta has improved dramatically.
- Demographic, medical, and social information on 762 HIV-infected children in Constanta has been collected into a database that can track specific indicators.
- A study of oral supplementation with vitamin A for prevention of HIV disease progression began in 2000.

PRIORITY ACTIVITIES, 2001-2002

- Community outreach and education involving mobile units continuing, based upon a needs assessment conducted in June 2001;
- Clinical research with vitamin A supplementation finalized;
- The HIV program will be refined to ensure that comprehensive services reach outlying communities and high-risk children and their families; and
- Treatment and care for HIV-positive children will continue to improve.

PROJECT MATERIALS AND TOOLS

- Output and outcome indicators;

- Pediatric HIV/AIDS database;
- Comprehensive HIV/AIDS nursing education curriculum;
- Training materials/guidelines for health professional education in epidemiology of HIV in Romania, the pathopsychology of HIV infection, principles of antiretroviral therapy, nutritional needs of HIV-infected children, prevention of perinatal transmission of HIV, and standard precautions for the prevention of blood-borne HIV transmission;
- Methodologies for needs assessments, community outreach, and subsequent education tactics;
- Preliminary clinical research and study results on vitamin A trials and the oral health program; and
- Refer to Website www.bayloraids.org/romania for updates.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- State-of-the-art care and treatment of HIV-positive children;

- Monitoring, evaluation, and creation of a database;
- Partnership exchanges and training of competent professional work staff;
- Networking and leveraging resources of local, governmental, nongovernmental, and donor organizations;
- Linking care, prevention, and community mobilization; and
- Establishing the necessary infrastructure, expertise, and experience for HIV clinical research in Romania, and enhancing the practices of health care professionals from Romania and Eastern Europe through education and training.

CONTACT INFORMATION

Baylor:

Dr. Mark Kline, BIPAI Program Director
(mkline@texaschildrenshospital.org)

USAID/Romania:

Dr. Susan Monaghan, Senior Health Program Advisor
(smonaghan@usaid.gov)

COUNTRY:
Romania

USAID FUNDING PERIOD:
October 1998-September 2002

PROJECT:
Child Welfare in Romania Project

USAID AMOUNT:
\$1,063,000 Approximately 12 percent of USAID funds (\$130,000) have been set aside to directly provide care and support services to HIV/AIDS children and their families.

IMPLEMENTING ORGANIZATION:
Holt International Children's Services

PURPOSE

Holt International works within the judets (counties) of Iasi and Constanta to design, implement, manage, and evaluate a fully integrated system of children's services that leverages existing county resources. Case management is used in working with children at-risk and in need of protection. Case managers are trained by Holt to collaborate with caretakers that have children who are HIV-positive and help them locate and use appropriate counseling and social services, in addition to finding temporary economic support consisting of food, clothes, shoes, vitamins, medicine, and school sup-

plies. Case managers also target HIV-positive children who have been abandoned in medical yards or placed in institutions and provide them with therapeutic foster care to address their special needs. Through these structures, the project builds local capacity to prevent and mitigate the impact of HIV/AIDS. Specific objectives include:

- Strengthening the capacity of government and county organizations to lead and sustain effective responses to reduce the institutionalization of children through the provision of: crisis intervention

services for at-risk families and children, pregnancy counseling, community-based services to families at-risk, domestic adoption and foster care services, and services to HIV-positive children and their families;

- Developing a model of services for HIV-positive children and families that can be replicated, including creation of HIV/AIDS care protocols, case management guidelines, and pregnancy counseling; and
- Advocating policy change at national, district, and local levels.

KEY ACCOMPLISHMENTS (IN PAST FOUR MONTHS)

- 12 HIV-positive children have been placed into long-term foster care;
- 33 new HIV-positive children and their families have been served;
- 63 HIV-positive children and their families have received counseling, social services, clothing, food donations, and assistance through the reintegration program;
- 40 HIV-positive children are currently being served through special services provided by four social workers trained through Holt; and
- Formal guidelines have been created and are being pre-tested with young mothers, social assistants who provide pregnancy counseling services, and professionals who work with HIV/AIDS-affected children and their families.

PRIORITY ACTIVITIES, 2001–2002

- Finalization of guidelines for young mothers, social assistants providing pregnancy counseling services, and professionals working with HIV/AIDS-affected children and their families;

- Further development of the HIV program to insure that comprehensive services reach outlying communities and high-risk children and their families; and
- Further development of therapeutic foster care for HIV-positive children.

PROJECT MATERIALS AND TOOLS

- Output and outcome indicators; and
- Draft guidelines for young mothers, social assistants who provide pregnancy counseling services, and professionals who work with HIV/AIDS-affected children and their families.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Guideline creation, monitoring and evaluation;
- Mentoring and training competent social work staff;
- Networking with local and governmental authorities;
- Linking care and prevention; and
- Providing therapeutic services for HIV-positive children.

CONTACT INFORMATION

Holt:

Dr. Mona Gottezman, Acting Country Director
(holt@dnt.ro)

USAID/Romania:

Lucia Correll, Senior Child Welfare Advisor
(lcorrell@usaid.gov)

Russia

COUNTRY:
Russia

PROJECT:
Assistance to Russian Orphans (ARO)

IMPLEMENTING ORGANIZATION:
Holt International Children's Services and Mercy Corps
Collaborating organizations and project coverage: Holt International Children's Services, in a consortium with Charities Aid Foundation/Russia (CAF/Russia), implements ARO in Western Russia, with an emphasis on Novgorod and Tomsk oblasts. Mercy Corps implements ARO in

the Russian Far East, with a focus on Primorskii Krai and Magadan oblast. It partners with a leading child services organization, European Children's Trust (ECT) and the World Association of Children and Parents (WACAP), a children and family-centered organization that has been working in the Russian Far East since 1994.

USAID FUNDING PERIOD:
September 1999-September 2002

USAID AMOUNT:
\$6 million (a portion support activities related to HIV/AIDS)

PURPOSE

The Assistance to Russian Orphans (ARO) Program works with Russian nongovernmental organizations and their partners to address the escalating problem of children being abandoned in Russian institutions when parents could no longer provide proper care. The primary purpose of ARO activity is to promote community-based, family-centered services that will improve the current situation of Russian orphans. USAID awarded cooperative agreements to Holt International Children's Services and Mercy Corps International in 1999 to lead two consortia that could improve local capacity to deal with this problem and promote networking and information sharing among Russian nongovernmental organizations. ARO seeks to achieve the following objectives:

- Prevention of child abandonment and promotion of family-based care for orphans and abandoned children as an alternative to institutionalization;
- Development of community-based services to support special needs children;
- Community reintegration of older children leaving state institutions; and
- Development and strengthening of networks between organizations and community-based groups working in the area of child welfare.

The ARO program does not target "AIDS orphans," nor does it support international adoptions, donations of material or medical assistance, research or survey work. Instead, the activities target communities where HIV/AIDS makes children vulnerable. Grants direct services and community mobilization efforts within an environment where HIV/AIDS is significantly increasing the vulnerability of children and adolescents.

KEY ACCOMPLISHMENTS OF ARO/WEST

ARO/West has successfully identified and engaged key government and nonprofit leaders in the child welfare field in the Novgorod and Tomsk regions. Six rounds of grant competition for technical assistance and direct services have resulted in the provision of financial assistance to 45 organizations. Direct beneficiaries to date include 2,363 abandoned children, 803 children with disabilities, and 1,743 families. Examples of accomplishments include:

- Development of innovative crisis services for children, teens, and adults as an active model for abandonment prevention among high-risk groups. Activities include: programs for children who have run away from home; a city-wide model of abandonment prevention based upon a partnership among a children's shelter, a private center offer-

ing social and psychological support, and relevant government bodies;

- Sharing of experiences among Russian nongovernmental organizations on reintroduction of orphans into society and identification and preparation of potential foster families;
- Disability awareness, education, and training programs for maternity hospitals;
- Establishment of a child care research and training center;
- Crisis interventions for families at risk of abandoning children; and
- Abandonment prevention of newly born high-risk babies.

KEY ACCOMPLISHMENTS OF ARO/EAST:

ARO/East has funded 12 projects in Primorskii Krai and Magadan region since August 1999. Within five months of grantee operation, 156 children, 135 families, and eight foster families have been assisted. More than 200 child welfare practitioners received training and technical assistance on abandonment prevention and other critical child welfare issues.

Activities include:

- Establishment of two fostering programs, one in Vladivostok and the other in Magadan City, involving eight foster families and nine children;
- Support of three projects within Primorskii Krai working with children with disabilities. Due to the work of the center in Spassk city, no child between the age of three and seven has entered an institution during the proceeding three months of the life of the project.
- Support to three projects working within Primorskii Krai and Magadan focusing on prevention services to assist families with the care of their children and avoid their placement into institutions.
- Integration of young people leaving state institutions into society. The project provides assistance to 33 children aged between 14 and 18, conducting training on life and job skills

PRIORITY ACTIVITIES, 2001–2002

- Evaluate the effect of activities;
- Award grants to ensure that comprehensive services reach outlying communities and high-risk children and their families, and
- Develop innovative community and family-centered solutions to prevent abandonment.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Creation of guidelines for administration of small grants;
- Mid-project monitoring and evaluation;
- Training competent social work staff;
- Networking with local and governmental authorities; and
- Abandonment prevention and counseling within high-risk families.

CONTACT INFORMATION

ARO/West:

Holt International Children Services/ Moscow,
Nancy Luther, Acting Program Manager,
Tel/Fax: (095) 725-4443 (nluther@aro.ru)
(www.holtintl.org) and (www.aro.ru)

ARO/East:

Mercy Corps/Vladivostok,
James Donally, Program Manager,
Tel: (4232) 300-494 or 300-495,
Fax: (4232) 300-497,
(jdonally@mci.lanitdv.ru) (www.mercycorps.org) and
(www.aro.ru)

USAID/Russia:

Elena Gurvich, ARO Project Manager,
(egurvich@usaid.gov),
Kerry Pelzman, (kpelzman@usaid.gov),
Olga Kulikova, ARO Project Management Assistant,
okulikova@usaid.gov

Latin America and the Caribbean



Photo: Agency for International Development

Brazil

COUNTRY:
Brazil

USAID FUNDING PERIOD:
September 1994-September 2003

PROJECT:
POMMAR At-Risk Youth Project

USAID AMOUNT:
\$10,440,000 (over a nine-year period)

IMPLEMENTING ORGANIZATION:
Partners of the Americas

PURPOSE

POMMAR (Prevention for At-Risk Boys and Girls) assists young people, aged 7 to 18, in urban areas of Salvador, Recife, and Fortaleza in northeastern Brazil, as well as in the nation's capital, Brasilia. The program promotes the holistic development of at-risk children and youth to become healthy and productive citizens by:

- Engaging society in decreasing violence against youth;
- Increasing the educational and vocational preparation of youth;
- Strengthening HIV/AIDS prevention and services; and
- Preventing and eradicating child labor.

POMMAR provides direct financial and technical support to local organizations and service networks, while also working to disseminate successful and replicable approaches that:

- Provide counseling, legal and protective services for victims of sexual violence, abuse, and commercial sexual exploitation of children and adolescents;
- Promote advocacy, coalition building, and public awareness campaigns that target social values and behaviors related to violence, abuse, and commercial sexual exploitation of children and adolescents;
- Strengthen educational services provided via non-governmental organizations by enhancing and com-

plementing the formal educational system, with special emphasis on market-oriented vocational training and the arts;

- Provide information to youth on sex education with emphasis on pregnancy prevention and the prevention of HIV/sexually transmitted infections;
- Implement services and monitor public policies to prevent and eradicate child labor practices in urban areas; and
- Promote participation of youth in civic activities, paving the way for youth to exercise their rights, develop civic skills, and take control of their lives by learning to define coherent objectives and life goals.

KEY ACCOMPLISHMENTS

- 3,558 children and youth (1,301 boys and 2,257 girls) directly benefited from project activities in 2000;
- 21,210 family members and peers of POMMAR-assisted children benefited indirectly in 2000;
- 88 percent of POMMAR-assisted youth are regularly promoted to the next school grade, compared with a regional average of 68 percent;
- 34 percent of assisted youth have secured income-generating work after completing vocational training;
- Reported pregnancy rates were less than 1 percent among 1,000 girls assisted by the project, compared with 18 percent nationwide;

- 80 social and street educators were trained to develop more effective practices to increase the impact of intervention strategies with at-risk children and youth;
- A service network in Salvador reaches at-risk children and adolescents in 40 communities, 83 schools, and more than 100 local institutions. As a result of the 261 training events carried out by this network in 2000, public schools in Salvador incorporated art education into their curricula and participating nongovernmental organizations had the chance to build their capacity in management and administration;
- POMMAR's technical support led to the elaboration of a national plan to combat sexual exploitation and abuse.

PRIORITY ACTIVITIES, 2001–2002

- Consolidate networks and service projects in counseling, legal, and protective services for victims of sexual violence/abuse and commercial sexual exploitation;
- Consolidate educational and vocational projects;
- Define and implement an expanded HIV/AIDS prevention and assistance strategy to support children affected by HIV/AIDS and prevent transmission among youth; and
- Implement child labor prevention and eradication initiatives that monitor and complement public policies to address harmful practices in urban areas (emphasizing garbage dump workers and street vendors) through education, family preservation, and income generation interventions.

PROJECT MATERIALS AND TOOLS

- Visit the POMMAR website at <http://www.embaixadaamericana.org.br/usaidthm>

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Education;
- Vocational training;
- Arts education;
- Sexual abuse and exploitation;
- Child labor eradication; and
- Citizen participation for youth.

CONTACT INFORMATION

POMMAR/USAID-Partners of the Americas:
 Stuart A. Beechler, Project Director (Recife, PE)
 (pommar@trunet.com.br)
 Tel: 55-81-421-3218, Fax: 55-81-423-4182;
 Rita Ippolito, Technical Director, Brasília, DF
 (tdco@terra.com.br)
 Tel: 55-61-328-4001, Fax 55-61-328-3755;
www.partners.net/English/programs/descriptions/pom_eng.htm

USAID/Washington:
 Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/Brazil:
 Nena Lentini, Program Officer
 (Brasília, DF) (nlentini@usaid.gov),
 Lawrence Odle (lodle@usaid.gov)

Dominican Republic

COUNTRY:
Dominican Republic

USAID FUNDING PERIOD:
2001

PROJECT:
Situational Analysis of the Impact of
HIV/AIDS on Children (ages 0-14)

USAID AMOUNT:
\$320,000

IMPLEMENTING ORGANIZATION:
John Snow International (JSI)

PURPOSE:

USAID/Santo Domingo has contracted with John Snow International (JSI) for a situational analysis to develop a multisectorial strategy to assist HIV-positive children and children affected by HIV/AIDS. Based on the study results, two pilot activities will be undertaken to test approaches where family and community groups unite to identify the need to care for their vulnerable children. The pilot activities will be based on a community mobilization model that incorporates income-generating activities.

For the period 2000–2005, the situational analysis will estimate the number of children (ages 0 to 14) who:

- Are infected with HIV/AIDS;
- Are orphaned by AIDS;
- Have mothers living with AIDS and some medical disability;
- Have mothers living with HIV but are nonsymptomatic; and

- Have been displaced from their home and/or their community.

The study will make a comprehensive analysis of current public policies relating to: the protection of orphans, adoptions, social security for disabled adults, inheritance, and support to extended families that provide assistance to the affected children. The study will also examine any special programs that provide protection to children infected and affected by HIV/AIDS.

CONTACT INFORMATION

JSI/Dominican Republic:
Glenn K. Wasek. (gwasek@codetel.tricom.net)
Tel: (809) 615-0535, Fax: (809) 616-1191.

USAID/Santo Domingo:
Dr. David Losk (dlosk@usaid.gov)
Health, Population Office Team Leader,
Maria Castillo
(mcastillo@usaid.gov), HIV/AIDS Specialist

Haiti

COUNTRY:

Haiti

USAID FUNDING PERIOD:

January 2001-October 2001

PROJECT:

Children and Families Affected by HIV/AIDS

USAID AMOUNT:

\$200,000

IMPLEMENTING ORGANIZATIONS:

CARE/Haiti; Family Health International/IMPACT; Catholic Relief Services

PURPOSE

The project helps communities understand the economic and psychosocial problems of orphans and other vulnerable children, and to implement sustainable responses. The project is being initiated in Abricots, Bonbon, Roseaux, Carrefour Charles, Carrefour Sanon, MacKendal, and Ste. Helene. The project builds on the existing work of CARE/Haiti and its partners and was designed in collaboration with the Ministries of Public Health and Social Affairs. CARE/Haiti links with existing microcredit and microfinance groups to expand access to these services. CARE assists with improving access to education for orphans and vulnerable children and expands current prevention activities to address the specific HIV prevention needs of orphans and vulnerable children. Project objectives include:

- Strengthening the capacity of families to take charge of children in difficult situations;
- Strengthening community capacity to support HIV-affected families and children;
- Strengthening the capacity of children to prepare for their future in the context of fragile families;
- Reinforcing opportunities for HIV-affected families and orphans and vulnerable children to maintain quality of life; and
- Strengthening and building the capacity of community-based initiatives.

KEY ACCOMPLISHMENTS

- A situation analysis on orphans and vulnerable children was completed in June 2000; and
- Support groups were established in project areas.

PRIORITY ACTIVITIES, 2001-2002

- Train community-based support groups;
- Implement income generating activities for families and children affected by HIV/AIDS; and
- Follow up with people trained as counselors.

PROJECT MATERIALS AND TOOLS

- Report on the situation of orphans and other vulnerable children in Haiti.

TECHNICAL ASSISTANCE

The project can provide expertise for other projects to address the needs of orphans and vulnerable children in the following areas:

- Conducting a situation analysis;
- Developing training materials;
- Developing education materials; and
- Undertaking community mobilization.

CONTACT INFORMATION

FHI/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779

FHI/IMPACT/Haiti:

Roberte Eveillard

(fhihaiti@hainet.net, robynr@ hainet.net),

Jean-Robert Brutus (jeanrobertbrutus@yahoo.com)

CARE/Haiti:

Pascale Crussard/Health,

Sandra Lemark/Director

CRS:

Agathe Pelerin

USAID/Washington:

Alan Getson (agetson@usaid.gov)

USAID/Haiti:

Carl Rahmaan (crahmaan@usaid.gov)

Global and Regional Projects



Photo: Rich Marchewka © 2000

Global and Regional Projects

PROJECT:

Global Technical Support to Mobilize, Enhance, and Scale Up Comprehensive Community Responses for Orphans and Vulnerable Children Affected by HIV/AIDS

USAID FUNDING PERIOD:

2001

USAID AMOUNT:

\$340,000

IMPLEMENTING ORGANIZATIONS:

International HIV/AIDS Alliance, Alliance partners, and other organizations

PURPOSE

This activity involves technical support and documenting and sharing of good practices among Alliance partners and other organizations to improve the quality of programs for orphans and vulnerable children. Alliance collaborates with the Family AIDS Caring Trust Regional Training (FACT) program to support implementation of this activity. Efforts include:

- Regional and interregional workshops;
- Identification of lessons learned during the scale-up process in community-based work for orphans and vulnerable children;
- Development of resources such as documentation reports and practical tools;
- Technical support to programs for orphans and vulnerable children;
- Facilitation of nongovernmental organization exchanges;
- Technical support and development of tools in monitoring and evaluation; and
- Strategizing with and mobilizing stakeholders around the scale up of community-based programs for orphans and vulnerable children in Mozambique.

Specific issues being addressed by this activity include integration of home-based care with activities for

orphans and vulnerable children, scaling up of community responses to the needs of orphans and vulnerable children, provision of psychosocial support, increasing children's participation, and an examination of the role of caregivers (especially the elderly).

KEY ACCOMPLISHMENTS

- A designated program officer was appointed to provide technical support, ensure development of practical and policy resources, and promote good practices in programs for orphans and vulnerable children.

PRIORITY ACTIVITIES, 2001–2002

- A workshop will be held in collaboration with FACT (Zimbabwe) on scaling up programs for orphans and vulnerable children for the East and southern Africa regions;
- An interregional Alliance workshop is being scheduled to share skills and lessons in addressing the needs of orphans and vulnerable children.
- The quality of work for Alliance lead organizations and other nongovernmental organizations will be enhanced through focused technical assistance.
- Strategies will be explored with local partners to scale up community-based programs for orphans and vulnerable children in Mozambique (Beira corridor).

- Field technical support on programming and to identify lessons learned will be provided in community-based work for orphans and other vulnerable children.

CONTACT INFORMATION

Alliance:

Kate Harrison (kharrison@aidsalliance.org),
Tel: 44-1273-8956, Fax: 44-1273-718901

USAID/Washington:

Clif Cortez (ccortez@usaid.gov);
Linda Sussman (lsussman@usaid.gov);
Peter McDermott (pmcdermott@afr-sd.org)

International HIV/AIDS Alliance website:
www.aidsalliance.org

PROJECT:
Synergy

USAID FUNDING PERIOD:
FY 1999-2001

IMPLEMENTING ORGANIZATION:
TvT Associates, Inc.

USAID AMOUNT:
\$450,000

PURPOSE

The Synergy Project is a performance-based contract that achieves results by helping USAID Missions and Bureaus design, document, and learn from international HIV/AIDS programs implemented by USAID cooperating agencies and other partners. Specifically, Synergy provides state-of-the-art tools, materials, and technical support to Missions and Bureaus, enhances and facilitates management of USAID HIV/AIDS procurements as a portfolio for the USAID's Global HIV/AIDS Division, and increases the efficiency and cost-effectiveness of international HIV/AIDS programs. For orphans and vulnerable children, Synergy monitors, documents, and reports on trends and recommended strategic responses.

KEY ACCOMPLISHMENTS

- Publication of *Children on the Brink 2000: An Executive Summary*,
- Launching and managing the Children Affected By AIDS ListServ, and
- Publication of two congressional reports on orphans and vulnerable children and mother-to-child transmission.

PRIORITY ACTIVITIES, 2001–2002

- Publish and distribute: *Children on the Brink*, *USAID's Project Profiles for Children Affected by HIV/AIDS*, and *Handbook for Programs to Mobilize*

Community Care for Children Affected by HIV/AIDS.

PROJECT MATERIALS AND TOOLS

- Programmatic and financial database;
- The Children Affected by AIDS Listserv; and
- *Executive Summary: Children on the Brink 2000.*

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Listserv and website implementation and management;
- Document development and dissemination;
- Information dissemination; and
- Workshop and meeting planning and implementation.

CONTACT INFORMATION

TvT:

Brazey deZaldoundo (bdez@tvassociates.com);
Martha Lindauer (martha@tvassoc.com);
<http://www.synergyAIDS.com>

USAID/Washington:

John Novak (jnovak@usaid.gov);
Linda Sussman (lsussman@usaid.gov)

Synergy Project website:
www.synergyaids.com/resources

PROJECT:
POLICY Project

USAID FUNDING PERIOD:
July 2000–July 2005

IMPLEMENTING ORGANIZATIONS:
Futures Group International with
Research Triangle Institute and the
Center for Development and Population
Activities

USAID AMOUNT:
\$96 million. FY 2001 funds for orphans
and vulnerable children \$100,000
(HIV/AIDS Core) and \$100,000
(USAID/Kenya)

PURPOSE

The primary mission of the POLICY Project is to develop policies and plans that promote and sustain access to high-quality family planning and health services. The project implements activities related to this mission in 38 countries throughout the Africa, Latin America, Eastern Europe and Eurasia, and Asia/Near East regions. As an extension of its health mission, the POLICY Project works to increase high-level support for effective HIV/AIDS policies, programs, and services, including strategic planning and financing of HIV/AIDS services. The POLICY Project achieves these objectives, in part, by acquiring accurate, up-to-date information on the spectrum of HIV/AIDS issues. This includes studying the effects of HIV/AIDS on orphans and other vulnerable children, and their subsequent needs. The POLICY Project gathers and disseminates data on the projections of the number of orphans and vulnerable children and the effect of HIV/AIDS on their nutrition, health, and school attendance. Such information supports advocacy efforts to reform policies, build public support for orphans and vulnerable children, and increase programs benefiting them. The POLICY Project is preparing a white paper on policy gaps in addressing issues that affect orphans and vulnerable children.

PRIORITY ACTIVITIES, 2001–2002

Priorities relating to orphans and vulnerable children activities include:

- Prepare a white paper on policy gaps to address issues that affect orphans and vulnerable children issues;
- Gather accurate, up-to-date information on the spectrum of HIV/AIDS issues to support advocacy efforts, reform policies, build public support, and increase programs for orphans and vulnerable children; and

PROJECT MATERIALS AND TOOLS

- The POLICY Project website; and
- Spectrum, a computer model containing modules for a range of projections and cost comparisons.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Technical assistance to collect information, conduct research and assessments, develop models, design presentations, and disseminate policy-relevant information to target audiences. Technical assistance to guide the financial planning and strengthen the ability of nongovernmental organizations to participate in the policy process.
- Capacity building to increase counterparts' ability to create and use policy tools and modeling techniques, conduct research and analyses, and present results to key audiences. Training can also be provided in the areas of advocacy, planning, and finance.
- Technology transfer, which entails the transfer of microcomputers and presentation technology, as well as customized and commercial software, to institutions in developing countries.
- Long-term advisors are available to provide technical leadership and coordination of country programs.
- Observational travel for policymakers, which provides opportunities for leaders to observe the evolution of population and health policies and programs in other countries.
- Policy seminars, in which leaders from public and private sector organizations assemble to review, analyze, and discuss population, health, and development issues of importance.

- Small grants to provide limited support to non-governmental organizations and other organizations to help undertake specific activities, such as supporting or participating in workshops, publishing a document, or purchasing equipment.

CONTACT INFORMATION

Futures:

Kevin Osborne (kosborne@tfgi.com),

Tel: 202-775-9680;

John Stover (j.stover@tfgi.com);
 Jeff Jordan (j.jordan@tfgi.com);
 Scott Moreland (s.moreland@tfhi.com)

USAID/Washington:
 Elizabeth Schoenecker
 (eshcoenecker@usaid.gov);
 Clif Cortez (cortez@usaid.gov)

POLICY Project website
 (www.policyproject.com).

PROJECT:
 Child Survival Technical Support Project (CSTS)

IMPLEMENTING ORGANIZATION:
 Macro International, Inc.

USAID FUNDING PERIOD:
 October 1998–September 2003 (three-year base plus two option years)

USAID AMOUNT:
 \$8,004,285 to date for total project (extension pending)
 (a portion supports activities related to orphans and other vulnerable children)

PURPOSE

The Child Survival Technical Support Project assists USAID's Office of Private and Voluntary Cooperation, Bureau for Humanitarian Response, by strengthening the ability of grantees to achieve sustainable service delivery in child survival and health programs. The project works with private voluntary organizations and their local partners at the community, country, and regional levels and assists private voluntary organizations to identify and access timely and relevant resources for building technical and organizational capacity; facilitate networking; strengthen competence in project management, and monitoring and evaluation; disseminate state-of-the-art materials on child survival interventions; and assess the use of program data.

KEY ACCOMPLISHMENTS

- CSTS developed and pilot tested the KPC 2000+, a data collection tool developed to address orphan enumeration, orphan care and support, and community attitudes regarding children affected by AIDS and people living with HIV/AIDS.
- Reference materials were produced for child-survival grantees that include information on moth-

er-to-child HIV transmission, assistance to children affected by AIDS, and home and community-based care.

- Program grants by the Office of Private and Voluntary Cooperation, Bureau for Humanitarian Response were reviewed for programs that affect orphans and vulnerable children.

PRIORITY ACTIVITIES, 2001–2002

- Update the technical reference material described in this profile;
- Train PVOs in the use of the KPC 2000+ (a community-based survey/data collection tool); and
- Produce a state-of-the-art paper entitled *Challenges for PVOs in Addressing the Needs of Children Affected by HIV/AIDS*.

PROJECT MATERIALS AND TOOLS

- KPC 2000+, a comprehensive child survival knowledge, practice, and coverage survey tool (<http://www.childsurvival.com/kpc2000/kpc2000.cfm>); and
- Technical reference material (<http://www.core-group.org/resources/reference.cfm>).

TECHNICAL ASSISTANCE

- CSTS provides technical assistance to private voluntary organizations that are recipients of Child Survival Grants. Support focuses on areas already described in this profile and ranges from short technical consultations to short term technical assistance.

(mpacque@macroint.com),

Tel: 301-572-0457;

Leo Ryan, project director (ryan@macroint.com),

Tel: 301-572-0219

USAID/Washington:

Sheila Lutjens (slutjens@usaid.gov)

CONTACT INFORMATION

Macro:

Michel Pacque, senior child survival specialist

PROJECT:
Food and Nutrition Technical Assistance (FANTA)

USAID FUNDING PERIOD:
FY 1999-2001

COUNTRIES:
Kenya, Malawi, Rwanda, Uganda

USAID AMOUNT:
\$175,000

IMPLEMENTING ORGANIZATIONS:
Academy for Educational Development with CARE, CRS, SARA, SANA

PURPOSE

The Food and Nutrition Technical Assistance (FANTA) project supports integrated food security and nutrition programming to improve the health and well-being of women and children. FANTA also assists households and communities in mitigating the effects of HIV/AIDS through food and food security interventions. FANTA works with donors, development organizations, and other partners to:

- Increase investment in food security and nutrition;
- Promote the integration of food security and nutrition with other interventions such as child survival and maternal nutrition;
- Improve program quality and the effect of USAID resources including Title II food aid, and development and humanitarian assistance;
- Assist private voluntary organizations in planning the transition from emergency to development programs;
- Validate approaches through special studies and analyses;
- Review and analyze research findings for improving programming;

- Guide monitoring and evaluation efforts to improve reporting on performance and effectiveness; and
- Foster the exchange of knowledge and experience about food security and nutrition among partners and across sectors.

The main objectives of FANTA's HIV/AIDS activities are as follows:

- To enable improved nutritional care and support for individuals living with HIV/AIDS and for others affected by the pandemic;
- To enhance the monitoring and evaluation capacities of programs that use food and nutrition interventions to address HIV/AIDS; and
- To promote and support the effective application of food aid and other food security interventions to programs aimed at mitigating the impact of HIV/AIDS on individuals, households, and communities.

KEY ACCOMPLISHMENTS

- Guidelines titled *HIV/AIDS: A Guide For Nutrition, Care and Support* were developed to help program managers make recommendations on food

management and nutritional issues for households with members who are living with HIV/AIDS;

- The monitoring and evaluation systems and results frameworks of Title II LIFE programs were reviewed and guidance for improvements and enhancements was offered. In-country and virtual technical assistance were provided by FANTA to Catholic Relief Services/Malawi's Title II LIFE program to help define and refine the program's monitoring and evaluation indicators, especially those related to the program's orphans and vulnerable children food safety net component; and
- Technical assistance was provided to private voluntary organizations and other organizations on the uses of food aid in HIV/AIDS mitigation activities.

PRIORITY ACTIVITIES, 2001–2002

- *HIV/AIDS: A Guide For Nutrition, Care and Support* distributed to private voluntary organizations, nongovernmental organizations, community-based organizations, government and private health facilities, and others involved in nutritional counseling, care, and support of those affected by HIV/AIDS.
- The East and Southern Africa REDSO office has expressed an interest in FANTA's working with regional institutions in Kenya, Tanzania, and Uganda to adapt the nutritional care and support guidelines for local use.
- A further technical review of Title II LIFE activities in Kenya, Tanzania, and Uganda conducted with the goal of examining monitoring and evaluation systems and to develop recommendations for best practices for indicators and results reporting in food-based HIV/AIDS mitigation programs.
- Technical assistance provided to Title II programs that address HIV/AIDS with food aid or other food security components.
- Two representatives from nongovernmental organizations in Kenya and Uganda sponsored to participate in the U.S.-based AIDS National Service Alliance Conference on food and nutrition services for HIV/AIDS-infected individuals.

PROJECT MATERIALS AND TOOLS

The following items are available to be shared with other projects:

- *HIV/AIDS: A Guide For Nutrition, Care and Support*. Guidelines for program managers, community-based organizations, and others on nutritional care and support practices for individuals affected by HIV/AIDS (see www.fantaproject.org).
- *Potential Uses of Food Aid to Support HIV/AIDS Mitigation Activities in Sub-Saharan Africa*. Examination of strategies and interventions for using food aid to support mitigation of the impact of HIV/AIDS.
- *The Potential Role of Food Aid for AIDS Mitigation in East Africa: Stakeholder Views*. Results of research based on interviews with local and international organizations, government officials, and others in Kenya and Uganda on the use of food aid to support mitigation objectives.
- *Description of Title II-Funded LIFE Initiative Activities and M&E Frameworks*, a matrix summarizing the components and monitoring and evaluation indicators and targets of each of the three Title II-funded LIFE programs.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- HIV/AIDS mitigation;
- HIV/AIDS nutritional care and support;
- Food security;
- Monitoring and evaluation;
- Agriculture and nutrition linkages; and
- Use of Title II food and food aid generally to support mitigation and care and support services, and food for education.

CONTACT INFORMATION

Academy for Educational Development:

Bruce Cogill (bcogill@aed.org),
Tel: 202-884-8722, Fax: 202-884-8432,
(fanta@aed.org)

USAID/Washington:

Eunyong Chung (echung@usaid.gov),
Rene Berger (rberger@usaid.gov),
David Stanton (dstanton@usaid.gov), REDSO/ESA
Janet Hayman (jhayman@usaid.gov)

PROJECT:
Orphans and Vulnerable Children
Task Force

USAID FUNDING PERIOD:
June 2001, One Year

IMPLEMENTING ORGANIZATION:
PLAN International and
Global Health Council

USAID AMOUNT:
\$20,000

PURPOSE

Funding is provided by the USAID/Africa Bureau to support an Orphans and Vulnerable Children Task Force Secretariat/Coordinator, who manages and initiates Task Force activities. The purpose of the Task Force is to bring together individuals and representatives from organizations working to meet the needs of orphans and other vulnerable children throughout the world. Preliminary objectives of the Task Force include:

- Advocacy: Informing Congress and the administration on orphans and vulnerable children issues in order to shape public policy; and increasing other donor awareness and support for orphans and vulnerable children; and
- Communications: Providing a forum for exchanging program practices and materials, identifying programming gaps and research needs, increasing collaborations, raising visibility of orphans and vulnerable children needs.

KEY ACCOMPLISHMENTS

- Orphans and Vulnerable Children Task Force launched in May 2001, 70 people attended;
- Approximately 57 organizations interested in Task Force;
- Task Force listserv established; and
- 3 Task Force meetings held.

PRIORITY ACTIVITIES, 2001–2002

- Establish governance structure and key functions for Task Force
- Initiate priority activities for the Orphans and Vulnerable Children Task Force
- Explore linking with Orphans and Vulnerable Children networks in other geographic regions

PROJECT MATERIALS AND TOOLS

- Proceedings/meeting summaries (e-mail Jessica Lenz, OVC Task Force Secretariat/Coordinator at lenzj@childreach.org)

TECHNICAL ASSISTANCE

- Advocacy;
- Networking/collaboration;
- Fundraising (future); and
- Information exchange.

CONTACT INFORMATION

OVC Task Force Coordinator:
Jessica Lenz, lenzj@childreach.org,

PLAN International:
Iyeme Efem efemi@childreach.org,

USAID/Washington:
Peter McDermott (pmcdermott@afr-sd.org),
Ron McInnis (rmcinnis@afr-sd.org)

PROJECT:

Improving Local Government Response to Orphans and Vulnerable Children in Urban Areas

USAID FUNDING PERIOD:

FY 2001-2002

USAID AMOUNT:

\$100,000

IMPLEMENTING ORGANIZATIONS:

Regional Urban Development Office (RUDO)/Sub Saharan Africa

PURPOSE

The project aims to strengthen the capacity of African local governments and urban leaders to respond to the HIV/AIDS epidemic and works with existing and new regional organizations as a focal point, including the Alliance of Mayors and Municipal Leaders Against HIV/AIDS in Africa, the African Union of Local Authorities, and organizations in individual countries. Improvement of local government response to children affected by HIV/AIDS is a priority. The regional project aims to:

- Document effective urban strategies to alleviate the plight of orphans and vulnerable children;
- Develop assessment methods to assist municipalities in restructuring their service delivery strategies to improve the standard of living for people affected by HIV/AIDS; and
- Design, cosponsor, and implement three or more demonstration projects in urban settings to improve local government response to orphans and vulnerable children and persons living with HIV/AIDS.

The Regional Urban Development Office is currently working in Namibia and South Africa, and is exploring outreach to other countries including Uganda, Zambia, and Zimbabwe.

KEY ACCOMPLISHMENTS

- Negotiations have been started on a partnership with UNDP/UNAIDS to support AMICALL generally; and with the South African chapter on a demonstration program related to housing and HIV/AIDS affected children and adults;
- Regional Urban Development Office funds are being used to expand a five-city impact assessment in Namibia to an additional 15 cities, and to build the capacity of the local government association to help its membership respond to HIV/AIDS;

- An inventory of local government/urban actions to address HIV/AIDS is partially complete, and has identified 20 activities in the region.
- Through its grant to the Urban Sector Network (USN), USAID has supported the internal "capacity" of a network of nine nongovernmental organizations to address HIV/AIDS issues in housing in South Africa;
- Three housing pilot projects are underway in South Africa for orphans and vulnerable children affected by HIV/AIDS: a Place of Safety facility for AIDS orphans in Pietermaritzburg in KwaZulu-Natal, a Community Family Care model in Cato Manor, also in the province of KwaZulu-Natal, and the Newtown Multi-Purpose Centre, which is being implemented by the COPE Housing Association in the settlement area of Newtown, in inner-city Johannesburg.

PRIORITY ACTIVITIES, 2001-2002

- The relationship with regional local government associations on HIV/AIDS response to be consolidated, and training seminars on practical responses in housing, service delivery, and information sharing will be sponsored;
- An inventory will be completed and circulated among USAID partners in the region;
- Pilot activities to be completed in South Africa, and others to be designed and implemented to directly engage local governments; and
- The HIV/AIDS response to be incorporated into a Zimbabwe local government pilot program.

CONTACT INFORMATION

RUDO and USAID/Washington:

Rebecca Black (rblack@usaid.gov),

Sergio Guzman (sguzman@usaid.gov),

Marcia Glenn (marcialglenn@usaid.gov)

PROJECT:

Peace Corps Volunteers and Orphans and Vulnerable Children/HIV-Related Project Work

IMPLEMENTING ORGANIZATION:

Peace Corps

USAID FUNDING PERIOD:

Ongoing

USAID AMOUNT:

\$1.6 million from DCOF (1993–2001). \$221,668 from USAID/G/PHN/HIV/AIDS used in the field for HIV/AIDS activities in 2000, many of which included activities for orphans and vulnerable children.

PURPOSE

The Peace Corps has been provided funds for training their volunteers and host country counterparts in HIV/AIDS prevention and education at all Peace Corps posts in Africa, and most of the posts worldwide. Integrated projects for at-risk youth have been established by Peace Corps volunteers across all sectors and in all regions where Peace Corps works. Peace Corps volunteers implement programming for at-risk youth in four basic ways:

- Direct engagement of at-risk youth;
- Skill development for youth service providers and trainers;
- Strengthening the capacities of youth service institutions; and
- Promoting a supportive environment for marginalized youth within families and communities.

Peace Corps volunteers strive to involve communities in establishing long-term means for addressing the needs of vulnerable youth. Peace Corps volunteers involve community leaders in identifying measures to assist at-risk youth and in mobilizing local resources to support those measures.

The main focus of HIV/AIDS activities involves building youth skills in behavior change and raising awareness and knowledge of transmission through life skills education. Other related work addresses gender issues such as improving ability of girls and women to meet the needs of orphans, developing community support, and raising awareness of the impact of AIDS on families.

Cross-sectoral youth development efforts in Peace Corps projects reach in-school and out-of-school youth. Out-of-school youth include orphans and vulnerable

children, street children, and children with disabilities. Countries that had efforts in 2000 include Belize, Cameroon, Costa Rica, Cote d'Ivoire, Dominican Republic, Ecuador, Estonia, Gabon, Ghana, Grenada, Kenya, Kiribati, Latvia, Malawi, Namibia, Tanzania, Uzbekistan, and Zambia. Small Project Assistance grant activities in 1999 supported building additions to orphanages, clinics, classrooms, and equipment for treating orphans and other vulnerable children with handicaps.

KEY ACCOMPLISHMENTS

As of September 2000:

- 29 percent of posts in Africa; 17 percent of posts in Europe, the Mediterranean, and Asia; and 25 percent of the posts in Inter-America and the Pacific regions report working with orphans and other vulnerable children.
- In 2000, 14,400 orphans and other vulnerable children received support in peer education training, HIV/AIDS prevention education, leadership and empowerment of girls, community gardening, and vocational skills training/assistance.
- Support was provided to 296 community organizations and 2,130 service providers in 2000 for health and drama clubs incorporating HIV/AIDS messages, income generation, home-based care for people living with HIV/AIDS, and AIDS-awareness campaigns.
- Training was given to 3,600 adults who directly or indirectly work with orphans and vulnerable children. The adults are service providers, project managers and community leaders. Training included integration of HIV/AIDS activities into programs, project design and evaluation training, rais-

ing awareness of the Bamako Initiative, young women's leadership training, AIDS prevention in the classroom through teaching English as a foreign language, and specialized curriculum design using a technique known as "Community Content-Based Instruction."

- In 1999, 8,800 vulnerable children in 13 countries participated in training to prevent HIV/AIDS and sexually transmitted infections via Small Project Assistance grant activities.

PRIORITY ACTIVITIES, 2001–2002

- Promising volunteer activities will be collected in four African countries that target displaced children and orphans and children affected by and at risk of AIDS. Dissemination of this information is expected to occur.
- Programming and training regarding work with orphans and vulnerable children will be incorporated into HIV/AIDS workshops and post project plans as appropriate.
- A brief guide for Peace Corps staff and volunteers working in HIV/AIDS in highly affected communities will be drafted. The guide will include a section on working with children affected by AIDS.

PROJECT MATERIALS AND TOOLS

- Life skills manual;
- *HIV/AIDS: Integrating Prevention Into Your Sector*, an idea book; and

- *Beyond The Classroom: Empowering Girls*, an idea book.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Peace Corps training sessions involve in-service training for staff and their counterparts, and volunteers and their local host-country national counterparts. Volunteers and counterparts also institute training at the community, regional, and national levels as part of their projects. Requests for a training or to participate in planned training events should be routed through in-country Peace Corps program managers, or through the agency partners with whom Peace Corps works.

CONTACT INFORMATION

Peace Corps:

Mary Lyn Field-Nguer

(mfieldnguer@peacecorps.gov), Tel: 202-692-2658 and Paul Sully (psully@peace-corps.gov) at Headquarters.

Field staff contacts are available through her or consult the Peace Corps office in the respective capital city.

USAID/Washington:

Linda Sussman (lsussman@usaid.gov)

Peace Corps website:

www.peacecorps.org

PROJECT:
Implementing AIDS Prevention and Care
(IMPACT)

USAID FUNDING PERIOD:
FY 2001

IMPLEMENTING ORGANIZATION:
Family Health International

USAID AMOUNT:
\$380,000

PURPOSE

IMPACT assists government ministries, private voluntary organizations, nongovernmental organizations, and community-based organizations to design and implement strategic responses, mobilize communities, and leverage resources to meet the needs of orphans and other vulnerable children affected by AIDS. IMPACT provides technical support so that orphans, vulnerable children, and families receive a continuum of care within four linked domains: medical care, psychosocial support, socioeconomic assistance, and protection of human rights, with means for linking areas of technical expertise with community-based projects.

The following activities are being undertaken in collaboration with other organizations to strengthen the linkages between programs for orphans and other vulnerable children and HIV/AIDS programs, and to document and exchange skills and experiences:

- Regional workshops are being conducted to train a pool of regional consultants to be used as resource persons in Africa, Asia, and Latin America.
- Program materials are in development to include assessment of orphans and vulnerable children as part of a comprehensive care and support assessment guide, field-based community mobilization tools for orphans and vulnerable children, and a training manual, *Psychosocial Issues Related to Children Affected by AIDS*.
- Technical support in programming and fostering linkages with HIV/AIDS care and support activities are being provided by IMPACT to strengthen activities in selected sites. IMPACT is identifying sites and beginning activities to link care and support within existing HIV/AIDS activities. IMPACT also will develop standards of care guidelines for pediatric HIV/AIDS care.

- Organizational exchanges are being facilitated to share experiences and strengths.
- A study on the cost of different program models for orphans and vulnerable children is being conducted.
- Technical and programmatic support is being provided to develop and conduct the West African Regional Orphans and Vulnerable Children Consultation in collaboration with UNICEF, USAID, and Save the Children/US.

KEY ACCOMPLISHMENTS

- The orphans and vulnerable children technical strategy is complete.
- Initial research phases have been completed for developing evaluation/surveillance instruments and a guidebook on the well-being of orphans and vulnerable children. Preparations are underway for data collection on third and final phase. Once complete, instruments and the guidebook will be used to monitor the well-being of children over time, compare countries, and assist with program planning and advocacy for the protection and well-being of orphans and vulnerable children.

PROJECT MATERIALS AND TOOLS

- *Orphans and Vulnerable Children: HIV/AIDS Prevention and Care in Resource-Constrained Settings: A Handbook for the Design and Management of Programs* (forthcoming, December 2001).
- First National Conference on Orphans and Other Vulnerable Children, Namibia, Summary Report, 2001;
- The Situation of Orphans in Haiti. Available at www.fhi.org;
- Memory Box (facilitation guide);

- *Voluntary Counseling and Testing Counseling Training Manual* (forthcoming, November 2001);
- Voluntary counseling and testing quality assurance tools. Available at www.fhi.org;
- *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers* (forthcoming, September 2001);
- Strategic Framework: Orphans and other vulnerable children. Available at www.fhi.org;
- Strategic Framework: Preventing mother to child transmission. Available at www.fhi.org;
- Strategic Framework: HIV care and support. Available at www.fhi.org;
- Strategic Framework: Tuberculosis. Available at www.fhi.org;
- Strategic Framework: Voluntary counseling and testing for HIV. Available at www.fhi.org;
- Behavioral Surveillance Surveys: Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV. Available at www.fhi.org;
- Meeting behavioral data collection needs. Available at www.fhi.org;
- Low prevalence strategy. Available at www.fhi.org; and
- State-of-the-art technical summaries for HIV/AIDS prevention. Available at www.fhi.org.

CONTACT INFORMATION

Family Health International:
Sara Bowsky (sbowsky@fhi.org),
Tel: 703-516-9779,
Fax: 703-516-9781

USAID/Washington:
Alan Getson (agetson@usaid.gov),
Linda Sussman (lsussman@usaid.gov),
Peter McDermott (pmcdermott@afr-sd.org)

USAID Education Activities

Ongoing and planned USAID Education Activities in Africa that support access to education for under-served populations, especially girls, orphans, and other vulnerable children

USAID has supported systemic reform of basic education in Africa since 1989 and gains in enrollment, educational quality, and efficiency have been achieved in all program countries. USAID missions work with host Ministries of Education (MOE) and nongovernmental organizations to design programs that improve access especially for the most disadvantaged children: The rural poor, girls and historically under-served populations. Programs supporting access to education are listed in Matrix A. Examples of these programs include:

- USAID/Namibia supports northern-most schools neglected during apartheid;
- USAID/Zambia supports radio education to reach out-of-school youth; and
- USAID/Mali supports community schools where there are no government schools.

Many of the same regions and populations targeted by USAID education programs are also areas most dra-

matically affected by the AIDS epidemic. HIV/AIDS undermines the provision of quality basic education through losses of teachers and managers. It also undermines the participation of increasing numbers of children in education as more and more of these children are unable to enter school or are forced to drop out due to lack of family support or resources.

Matrix B displays USAID Mission support for MOE education management—the foundation for equitable provision of relevant education in an HIV/AIDS epidemic environment. Examples of these activities include:

- USAID/Zambia supports strategic planning for coordinated HIV response in MOE;
- USAID/Namibia supports HIV impact assessment in education sector; and
- USAID/Zambia supports HIV-relevant district education information system.

Matrix A: USAID education-funded activities that support access to basic education for under-served populations, especially girls, orphans, and other vulnerable children¹

COUNTRY	ACTIVITY DESCRIPTION	COVERAGE	PARTNERS
Benin	<ul style="list-style-type: none"> ■ Support to local NGOs capacity building and greater community involvement in schools to increase access; ■ Support to the <i>Network for the Promotion of Girls' Education</i> to increase girls' access to education; ■ Innovative delivery of technical skills education to out-of-school youth. 	<ul style="list-style-type: none"> ■ 1,200 PTAs, representing nearly 40% of primary schools, served; ■ 13 sub-prefectures with the lowest enrollment rates; ■ Country-wide. 	<ul style="list-style-type: none"> ■ MOE, World Education; ■ MOE, local NGOs, World Education; Songhai NGO.
Ethiopia	<ul style="list-style-type: none"> ■ <i>Community Schools Grant Program</i> increases children's access to quality education, with a particular focus on girls. 	<ul style="list-style-type: none"> ■ 1,300 schools participating in program. 	<ul style="list-style-type: none"> ■ MOE, World Learning.
Ghana	<ul style="list-style-type: none"> ■ Community mobilization program promotes girls' participation in schools as well as greater community participation; ■ Improved learning environment and teaching in disadvantaged areas. 	<ul style="list-style-type: none"> ■ 330 schools participating in program; ■ 75 schools. 	<ul style="list-style-type: none"> ■ CRS, EDC, MOE; ■ AED, CRS, MOE.
Malawi	<ul style="list-style-type: none"> ■ Community mobilization activity in improved education quality through community participation in school monitoring and management. 	<ul style="list-style-type: none"> ■ 14 districts, 45,750 people reached. 	<ul style="list-style-type: none"> ■ MOE, CREC-COM, Creative & Assoc. Intl.
Mali	<ul style="list-style-type: none"> ■ Community schools established and communities mobilized to expand access to children, especially girls, in under-served areas. 	<ul style="list-style-type: none"> ■ 1,500 schools and 114,162 school children served. 	<ul style="list-style-type: none"> ■ Africare, Save the Children, Care, World Education.
Namibia	<ul style="list-style-type: none"> ■ Educational quality improvements made in disadvantaged primary schools; ■ Program to offer scholarships and psycho-social support to OVC (planned). 	<ul style="list-style-type: none"> ■ 40% of the most disadvantaged student population served. 	<ul style="list-style-type: none"> ■ MOE, AED; ■ Local NGOs, Catholic AIDS Action, Family Health International.
Nigeria	<ul style="list-style-type: none"> ■ New education program includes job skills training program for unemployed youth (planned). 		<ul style="list-style-type: none"> ■ MOE, OICI
Uganda	<ul style="list-style-type: none"> ■ <i>Equity in the Classroom</i> program promotes learning among girls and other marginalized groups; ■ Alternative Basic Education for Karamoja (ABEK) provides education to the disadvantaged children of Karamoja. 	<ul style="list-style-type: none"> ■ Trainers trained in 18 primary teachers colleges covering all 45 districts; ■ Piloted in 195 Learning Centers in two districts, 30,042 children reached between 1998 and 2000. 	<ul style="list-style-type: none"> ■ MOE; ■ MOE, Save the Children/ Norway, UNICEF, District Education Offices.
Zambia	<ul style="list-style-type: none"> ■ <i>Program for the Advancement of Girls' Education</i> addresses equity in girls' access to education; ■ Communities mobilized to identify OVC and ensure their access to education and other forms of support; ■ Distance education program for out-of-school children, especially targeting OVC. 	<ul style="list-style-type: none"> ■ Piloted in 42 schools, more than 10,500 students reached; ■ New program begun in 2001; ■ More than 170 centers, 10,000 learners served. 	<ul style="list-style-type: none"> ■ MOE, UNICEF ■ MOE, CAI, UNICEF; ■ MOE/EBS, EDC.

¹ In addition to these activities, the Education for Development and Democracy Initiative supports girls' scholarship programs in 30 African countries. For more information go to www.eddigirlsscholarships.org

Matrix B: USAID education-funded management activities focused on HIV/AIDS enabling the delivery of education to all children, including orphans and other vulnerable children

COUNTRY	ACTIVITY DESCRIPTION	PARTNERS
Ghana	<ul style="list-style-type: none"> ■ Sponsors MOE strategic and implementation planning process for impact of HIV/AIDS on education sector; ■ Builds capacity of Ghanaian NGOs and the Ghana Education Service to address the impact of HIV/AIDS in the education sector. Activities include peer education, school-level support and mobilizing parents through Parent Teacher Associations and School Management Committees. 	<ul style="list-style-type: none"> ■ MOE, USAID/WA ■ MOE, Ghana Education Service, World Vision.
Malawi	<ul style="list-style-type: none"> ■ Supports assessment of impact of HIV/AIDS on education sector; ■ Co-sponsors MOE strategic and implementation planning process for impact of HIV/AIDS on education sector; ■ Funds HIV/AIDS advisor to MOE; ■ Sponsors full-time HIV education advisor at USAID Mission. 	<ul style="list-style-type: none"> ■ MOE, University of Sussex/CERT; ■ MOE, DFID, USAID/WA ■ MOE ■ MOE
Namibia	<ul style="list-style-type: none"> ■ Co-sponsors MOE strategic and implementation planning process for impact of HIV/AIDS on education sector; ■ Provides assistance for the development of HIV/AIDS Taskforce in the MOE; ■ Co-sponsors education sector HIV/AIDS Impact Assessment. 	<ul style="list-style-type: none"> ■ MOE, USAID/WA USAID/Namibia; ■ MOE, USAID/Namibia; ■ MOE, USAID/Namibia, Dfid.
South Africa	<ul style="list-style-type: none"> ■ Funds HIV/AIDS advisor to the MOE²; ■ Supports assessment of impact of HIV/AIDS on the education sector³; ■ Sponsors strategic and implementation planning process for impact of HIV/AIDS on education sector at Provincial level. 	<ul style="list-style-type: none"> ■ MOE ■ MOE, HEARD, ABT Assoc., Policy Project, local government; ■ MOE, HEARD.
Zambia	<ul style="list-style-type: none"> ■ Sponsors MOE strategic and implementation planning process for impact of HIV/AIDS on education sector; ■ Supports policy audit and assessment of HIV/AIDS impact on education sector; ■ Supports development of HIV/AIDS-related education management information system. 	<ul style="list-style-type: none"> ■ MOE, USAID/WA ■ MOE, USAID ■ MOE, DFID.

² Health funds jointly programmed with Education

³ Health funds jointly programmed with Education

Acronyms

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
ARCH	Applied Research on Child Health
ARO	Assistance to Russian Orphans
BES	Basic Education Support Program
BESO	Basic Education Systems Overhaul
BIPAI	Baylor International Pediatric Aids Initiative
CAA	Catholic AIDS Action
CAA	Children affected by HIV/AIDS
CAI	Creative Associates International
CBO	Community-based organization
CCO	Community building and catalyst organization
CEDPA	Centre for Development and Population Activities
CED	Center for Development and Population Activities
CERT	Centre for Educational Research and Training
CHES	Community Health and Education Society
CLRDC	Community Law and Rural Development Centre
COPE	Community-based Options for Protection and Empowerment
COPHIA	Community-Based Program on HIV/AIDS Care, Support, and Prevention
CRS	Catholic Relief Services
CSD	Child Survival Division, USAID
CSTS	Child Survival Technical Support Project
CTO	Cognizant Technical Officer
DBSU	Dynamic Business Start-up
DCOF	Displaced Children and Orphans Fund
DHIV	HIV/AIDS Division, USAID
EBS	Education Broadcast Services
EDC	Education Development Center
EDDI	Education for Development and Democracy Initiative
FACT	Family AIDS Caring Trust Regional Training
FANTA	Food and Nutrition Technical Assistance Project
FHI	Family Health International
GABLE	Girl's Attainment in Basic Literacy and Education
HBC	Home-based care
HEARD	Health Economics and AIDS Research Division

HIV	Human immunodeficiency virus
ICROSS	International Community for Relief of Starvation and Suffering
IEC	Information, education and communication
IMPACT	Implementing AIDS Prevention and Care
IPC	Initiative privée et communautaire de lutte contre le Sida
KZNCC	KwaZulu Natal Christian Council
LAC	Legal Assistance Centre
LEAD	Linkages for the Economic Advancement of the Disadvantaged
LIFE	Leadership and Investment in Fighting an Epidemic
MCDI	Medical Care Development International
MED	Microenterprise Development
MOE	Ministry of Education
NACWOLA	National Community of Women Living with HIV/AIDS
NGO	Nongovernmental organization
NMCF	Nelson Mandela Children's Fund
OICI	Opportunities industrialization Centers International
OVC	Orphans and Vulnerable Children
PACT	Private Agencies Collaborating Together
PAGE	Program for the Advancement of Girls' Education
PCI	Project Concern International
POMMAR	Prevention for At-Risk Boys and Girls
RSA	Republic of South Africa
RUDO	Regional Urban Development Office
SANA	Sustainable Approaches to Accelerating Effective Nutrition in Programming in Africa
SARA	Support for Analysis and Research in Africa
SCOPE	Strengthening Community Partnerships for Empowerment of Orphans and Vulnerable Children
SFDRT	Society for Development Research and Training
STI	Sexually transmitted Infection
SWAK	Society for Women and AIDS in Kenya
TASO	The AIDS Support Organization
TDCSP	Thukela District Child Survival Project
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USN	Urban Sector Network
VCT	Voluntary counseling and testing
VP	Vulnerable populations
ZCBF	Zululand Chamber of Business Foundation



U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523
www.usaid.gov